OBSERVATIONS

ON THOSE

DISEASES OF FEMALES

WHICH ARE

ATTENDED BY DISCHARGES.

ILLUSTRATED BY

COPPER-PLATES OF THE DISEASES, &c.

BY

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Helleborum frustra, cum jam cutis ægra tumebit,
Poscentes videas; venienti occurrite morbo.

PERS. 3 *Sat*

PHILADELPHIA:

H. C. CAREY AND I. LEA—CHESNUT STREET,

AND WELLS & LILLY, BOSTON.

1824.

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TO

DR. BAILLIE.

DEAR SIR,

In dedicating the following Work to you, I am performing an act of duty to a Physician who has greatly illustrated the nature of disease by investigating morbid structure. I entertain a hope also, that the imperfections of this Work will find some shelter under your protection: but I have especial pleasure in thus publicly testifying the obligations which I owe to you for many acts of kindness, undeserved, but not unremembered by,

Dear Sir,

Your most faithful Servant,

CHARLES MANSFIELD CLARKE.

Saville Row, February 10, 1814.

CONTENTS.

Page.

PREFACE, - - - - - - 1

CHAPTER I.

Remarks Introductory to the Consideration of the Diseases of the Sexual Organs, - - 7

CHAPTER II.

Profluvium Vaginale, - - - 13

CHAPTER III.

General Observations on Sexual Diseases, and on the Necessity and Mode of making an Examination per Vaginam, - - - - 20

CHAPTER IV.

On Sympathies, - - - - 22

CHAPTER V.

Procidentia Uteri, - - - - 27

CHAPTER VI.

Treatment of Procidentia Uteri, - - 35

CHAPTER VII.

On the mode of supporting the Uterus, - - 44

CHAPTER VIII.

Procidentia Vesicæ, - - - 51

CHAPTER IX.

Procidentia Vaginæ, - - - - 55

CHAPTER X.

Inversio Uteri, - - - - 58

CHAPTER XI.

Hæmorrhoids, or Piles, - - - - 63

CHAPTER XII. Page.

Ascarides in the Rectum, - - - 67

CHAPTER XIII.

Carcinoma Recti, - - - - - 69

CHAPTER XIV.

Carcinoma Uteri, - - - - 78

CHAPTER XV.

Treatment of Carcinoma Uteri, - - - 84

CHAPTER XVI.

Polypus of the Uterus, - - - 88

CHAPTER XVII.

Fleshy Tubercle of the Uterus, - - - 97

CHAPTER XVIII.

Verrucæ, or Warty Tumours, arising from the Vestibulum, - - - - 103

CHAPTER XIX.

Vascular Tumour of the Orifice of the Meatus Urinarius, - - - - - 105

CHAPTER XX.

Thickening of the Cellular Membrane surrounding the Urethra throughout its whole Extent, accompanied by a Varicose State of the Vessels of the Parts, - - - - 107

CHAPTER XXI.

On the Transparent Mucous Discharge from the Vagina, not accompanied by any Alteration of the Structure of the Sexual Organs, - - 109

CHAPTER XXII.

On the Case of Transparent Mucous Discharge depending upon Debility, - - - 113

Explanation of the Plates, - - - 117

CONTENTS.

OF

PART II.

Page.

INTRODUCTORY REMARKS, - - - 129

CHAPTER XXIII.

White Mucous Discharge, - - - 131

Inflammation of the Cervix Uteri, - 131 *et seq.*

Inflammation of the Substance of the unimpregnated Uterus, - - - - 140

Remarks upon Amenorrhœa, - - 144

CHAPTER XXIV.

Watery Discharge, - - - - 150

Cauliflower-Excrescence of the Os Uteri, 151

Symptoms of Cauliflower-Excrescence, - 160

Treatment of Cauliflower-Excrescence, - 163

Hydatids of the Uterus, - - - 172

Oozing Tumour of the Labium, - - 177

Involuntary Discharges of Urine, - - 181

CHAPTER XXV.

Purulent Discharge, - - - 184

Inflammation of the Mucous Membrane of the Uterus, terminating in Secretion of Pus, 187

Inflammation of the Mucous Membrane of the Vagina, - - - - - 192

Page.

Abscess of the Vagina, - - - 196
Ulceration of the Os Uteri and Cervix Uteri, 199
Corroding Ulcer of the Os Uteri, - - 200
Symptoms of Corroding Ulcer, - - 201
Treatment of Corroding Ulcer, - - 203
Ulcerated Carcinoma of the Rectum, - 206
Ulcerated Carcinoma of the Uterus, - - 209
Treatment of Ulcerated Carcinoma, - 212

Explanation of the Plates, - - - 218

PREFACE.

The author has had two objects in view in laying the following observations before the public. In the first place, it appeared to him to be desirable to make some arrangement of the sexual diseases of the female. In the second, to shew that diseases having some symptoms in common, are nevertheless very dissimilar in their character, and require very different treatment; to demonstrate the impropriety of designating diseases by names which do not convey a true idea of their character; and to point out the dangerous consequences of treating symptoms instead of diseases.

Having been during many years a teacher of midwifery in the school founded by Dr. Denman and Dr. Osborn, and continued by his brother, Dr. Clarke, the author's attention has been naturally and necessarily led to contemplate the diseases of the sexual organs, and to consider the best mode of explaining them, so as to make the description profitable to those whom it was his duty to instruct. In preparing his notes, a question arose in his mind; whether any classification of them would assist the memory in retaining, or the judgment in discriminating and curing them. The opportunities which the author has had of attending to these diseases, and of observing the very general and careless manner in which they are sometimes treated, have induced him to attempt to illustrate them by a plain, unadorned history of their nature and symptoms, and to point out what appears to be the best mode of treatment. In this work, no more hypothetical reasoning has been admitted, than was absolutely necessary. The author has endeavoured to confine himself to

facts, and the simple narration of them: he has no new theory to offer, no new medicine to propose, the virtues of which he is desirous of establishing.

How to arrange these diseases became an important subject for consideration: they are numerous, and dissimilar; arise from various causes, and produce different effects. Some are attended by no discharge from the vagina; others, on the contrary, never occur without discharge, and the nature of this discharge varies.—Here appeared to be a path to follow. Here, at any rate, was presented a mode of making something like a division of these complaints, which might prove serviceable to the practitioner: for, supposing him not to be very conversant with these disorders, and to be at fault respecting the disease; supposing, for example, that he is not quite sure whether a tumour in the vagina is a soft polypus, or a cauliflower excrescence; if he knows that one of these diseases is attended by a mucous discharge and the other by a discharge of water, he will have nothing to do but to inquire into this circumstance, and the question is immediately solved.

The First Part of this work, now respectfully offered to the medical profession, contains those diseases which are attended by mucous discharges. Many other important diseases remain to be described under the head of purulent, watery, and white opake discharges; and there are others of equal consequence, in which no discharge of any kind is present. These will fall under consideration in a future part of this undertaking.

The author entreats that the reader will make allowances for many inaccuracies in this work. He has endeavoured to write clearly rather than elegantly: he has not wilfully misled any one; and if these observations shall prove in the smallest degree useful, in diffusing information upon the subject of them, or in mitigating the sufferings of human nature, the author will not consider his labour thrown away, nor his time misemployed.

OBSERVATIONS,

&c.

INTRODUCTORY REMARKS.

The diseases of the sexual organs in females, although so various, so distressing to those who labour under them, and not unfrequently so fatal in their consequences, are perhaps less generally known and understood by practitioners, than any other complaints to which the human body is subject. They are often neglected by women during the early stages of them, concealed from a sense of delicacy during their progress, and are often only made known to practitioners, when they have proceeded so far as to be beyond the reach of remedy. In these latter stages, a disease becomes complicated with many symptoms not originally belonging to it, which are the consequences of high irritation, of great debility, or of the general disturbance of the constitution.

In many of these diseases, when physicians or surgeons are consulted, the patient mentions some prominent symptom, which is to her the apparent cause of annoyance; and this is often considered as the disease, and treated as such.

With as much reason it might be expected to remove ascarides from the rectum by making applications to the nostrils, or to diminish the effects of pressure upon the brain by medicines applied to the stomach to relieve sickness, one of the symptoms of such pressure, as to cure a woman of an uterine disease in the manner alluded to above. Yet many instances are to be found where strangury has been treated as an idiopathic affection of the bladder, when it has in fact been symptomatic of a morbid state of the uterus; and also, where an itching of the external organs of generation has been attempted to be cured by a sedative lotion, when it depends upon the presence of an organic disease in the neighbouring parts: or, lastly, where local astringents, and internal tonics and stimulants, have been pre-

scribed for a case of fluor albus,—the symptom only of a disease; and that disease perhaps of an inflammatory character, which the discharge produced by the disease would be more likely to relieve than such remedies.

Upon almost all the other subjects connected with medicine, information may be obtained from a variety of sources: but upon the subject of the diseases of the female organs, many systems of physic and surgery, otherwise of deservedly high estimation, are entirely without information, and are often more apt to mislead than to instruct. Valuable observations are scattered through the works of different writers, and some detached papers upon the subject may be found in collections and transactions of different Societies; but the student does not know where to look for them: they require to be collected with much labour, and a great sacrifice of time; and it is almost impossible for a student to separate that which is valuable from that which is useless.

Another reason why the information of the medical student must be defective on this subject is, that in the course of medical education, very few, if any, opportunities of witnessing any of the diseases of the female parts occur; there being no hospital into which these complaints are expressly received: and from many public institutions they are excluded, being generally chronic diseases; in some instances incurable, and only admitting of palliation.* A student would even gain little if such cases were admitted; for it could not be expected that a patient would submit to be exposed to the manual examination of a number of students; and without such examination, little good could arise, except in cases of disease in the external organs, which bear a very small proportion to those of the internal or remote parts.

To give a history of the diseases of the female organs of generation, to describe with accuracy their symptoms, to shew by means of engravings the alteration of structure which the parts undergo, and thereby to familiarize the mind to them, so that when the diseases are met with, they may be known and distinguished, and to point out the mode of treating them—is the intention of this work. Owing to an imperfect knowledge, all the discharges from these parts, which are not of a red colour, have been classed under the title of fluor albus, and treated as that

* It may appear at first sight, that the exclusion of chronic diseases of this kind from hospitals, is an improper regulation; but upon considering the matter more closely, it will be found, that though an individual may suffer, the public is a gainer. As the funds, and consequently the means of relief are limited, it becomes important to extend those means to as great a number as possible. The occupation of a bed in an hospital by one patient labouring under phthisis or an old ulcer of a leg for six months, will prevent assistance from being given to many labouring under acute diseases which might be cured in that period.

disease; and various diseases in which there exists pain with a fœtid discharge have been denominated cancer. To this confusion of the diseases of the female organs of generation, are to be attributed those errors in practice which are frequently observed.

That engravings of morbid structure are likely to prove serviceable, in leading to the knowledge of disease in the living body, particularly when connected with a history of the disease, is the opinion of one of the first physicians of the present day, to whom medical science is indebted for a very valuable work upon morbid anatomy:—that they are really so, is demonstrated by the estimation in which that work is held.*

If, then, engravings taken from internal parts of the body, after death are likely to prove serviceable, it may not be presuming too much, to hope that those which the author proposes to lay before the public will not be useless; as every practitioner ought to be well acquainted with the diseases of the female organs of generation, in order to enable him by his sense of touch to discriminate between them. By the frequent employment of this sense, it becomes very acute, so as to convey with great correctness to the mind the impressions made upon it: but much time is required to perfect this sense. Many cases of disease must have presented themselves to the practitioner, before he will have obtained much knowledge respecting them: but if an engraving of the appearances of each disease is brought before his eye; if this is accompanied by a correct history of the symptoms, and a description of the peculiar nature of the discharge from the vagina, when such discharge accompanies the complaint; if it can be shewn that some diseases are characterized by discharges of a watery kind, others by those of mucus, others by those of pus, or of blood,—he will meet the first case which occurs to him with a confidence founded upon knowledge: and judging, by that which he has seen described in plates, of that which he feels, he will form a better opinion respecting the nature of the complaint, will be able to give a prognostic more likely to be verified, and will direct such measures to be pursued as will tend to its alleviation or removal.

To further this latter view, it is proposed also to give engravings of such instruments as may be necessary for the performance of the operations required in some of the diseases, and of such machines as may be serviceable in applying local remedies to them.

In attendance upon the poorer class of patients, when suffering under the diseases of the external organs, the author has

* Dr. Baillie's Morbid Anatomy.

been able to make drawings, shewing the appearances of some of these diseases in the living body.

The other engravings are made from a collection of morbid preparations in the possession of Dr. Clarke and of the author; and occasionally from those of his friends, where he has found it necessary.

CHAPTER I.

Respecting the Sexual Organs in the Female, as far as their Secretions are concerned.

It is not the intention of the author to increase the size of this work by giving an anatomical description of the female organs of generation, the dissecting-room furnishing a sufficient opportunity to the student to inform himself of their natural structure; but it must be remarked, that it is highly important that the anatomy of these parts should be well understood. Without this knowledge, diseases cannot be known, nor the degree of them; for as disease is a deviation from health, the natural structure must be known before those deviations from it can be ascertained which constitute disease. It is also especially necessary to be acquainted with the relative situation of these parts, and with the effects which arise out of this relation: this leads to a comprehension of the manner in which the disease is produced, frequently accounts for many symptoms which could not otherwise be explained, and gives a direction to the application of those modes of treatment which may prove serviceable in restoring the parts to health.

As an accurate knowledge of the different secretions from these parts will very materially assist the practitioner in his inquiries, some remarks will be made here respecting them.

All the discharges from these parts come away from the os externum; but they spring from various sources, and are of different kinds. The parts from which these secretions arise, are:

1. The internal surface of the uterus and of the fallopian tubes.
2. The inner membrane of the vagina.
3. The lacunæ about the os externum.
4. The mucous membrane of the urethra.*

These will be separately considered.

1. The secretions from the uterus. These are:

α. The menstruous secretion.

β. The secretion from the mucous membrane of the uterus, which extends to the cavities of the fallopian tubes.

γ. The secretion from the glands in the neighbourhood of the cervix of the uterus.

* These are the surfaces from which the natural secretions arise: but discharges from the os externum may originate from the surfaces of newly-formed tumours, as the cauliflower excrescence; or they may be the contents of cysts of hydatids.

a. The Menstruous Secretion.

The menstruous secretion is a fluid of a red colour, possessing very little tenacity, which does not coagulate, poured out by the arteries of the uterus, once every lunar month in healthy women, if they are neither pregnant nor suckling;* it begins at puberty, and generally continues till between the age of forty and fifty in this country: so that calculating the age of puberty to be the fifteenth year, and the duration of life to be seventy years, it may be said that the menstruous secretion is performed during three-sevenths of it.

A case is related in the Transactions of the Medical and Chirurgical Society of London, by Dr. Martin Wall, professor of clinical medicine in the University of Oxford, of a child, aged nine years, having menstruated regularly from the age of nine months; in whom also all the symptoms, which attend puberty, were present before she was two years old.

It is of consequence for practical purposes to observe, that menstruation is a secretion, and not an effusion of pure blood either from arteries or veins. All blood from the sanguiferous vessels (with very few morbid exceptions) coagulates; whilst the fluid of the catamenia does not, whether it comes away in a stillatitious manner, or is retained in large quantity as in the case of imperforate vagina.

The quantity of the menstruous fluid is greater in warm than in cold climates: so, if a woman lives in an atmosphere artificially warmed, the same effect is produced.

At each period of menstruation, the average quantity lost in England, and perhaps in other countries in the same degree of latitude, may be reckoned at four ounces, which takes up about four or five days in coming away: in some women it lasts a week; in others not more than two or three days. Plethoric women are more liable to the first, and women of delicate health to the last, occurrence.

Whatever is capable of increasing the determination of blood to the vessels of the uterus, may increase the quantity of this secretion; and if this determination of blood is increased above a certain point, the orifices of the vessels give way, and blood is mixed with the secreted fluid: but if, in consequence of this determination of blood to the uterus, inflammation takes place, then coagulating lymph is thrown out, as from other inflamed mucous membranes, and the secretion is diminished till the lamina of coagulating lymph is separated.

From the definition above given of the menstruous fluid, it

* Some women who give suck do menstruate, but it is not usual.

will be seen that it does not possess the coagulating part of the blood, and instances have occurred where the red colour has been wanting; but from the quantity of which, a woman has been obliged once in a month to take the ordinary precautions of a menstruating woman.

β. The Secretion from the Mucous Membrane of the Uterus, and of the Fallopian Tubes.

The uterus is lined throughout with a mucous membrane, which also is spread along the fallopian tubes. The secretion from this membrane is permanent, and continues during the whole of life, with the exception of the period of pregnancy. At this time the internal structure of the uterus undergoes a great change, and forms the outer membrane of the ovum, called the Membrana Decidua, by Dr. William Hunter. This mucus resembles, in consistence and appearance, the uncoagulated white of an egg, and does not differ from mucus in other parts of the body.* A very small quantity of this mucus is secreted; its use being simply to lubricate the sides of these passages, so as to prevent the cohesion of them; and for this purpose very little is sufficient. In the other passages which have external openings, the mucus is to be considered likewise as a defence against stimulating bodies which pass through and into them.

γ. The Secretion from the Glands in the Cervix of the Uterus.

The structure of the uterus itself is very simple. Its sides are muscular, and the muscular fibres are capable of great exertion; and it is principally owing to the contraction of these fibres that uterine hemorrhage in the impregnated state is restrained.

The structure of the cervix of the uterus is more complicated; more nerves are sent to this than to any other part of the viscus; on which account the dilation of this part is attended with great pain in labour, and diseases affecting it are productive of great distress and suffering.

The cervix of the uterus is also beset with a number of glands. These glands are more readily discernible in women who have died pregnant; and in some bodies they are probably much more numerous than in others.

The mucus secreted by these glands contains a smaller proportion of water than any other mucus in the body, approaching nearer to the nature of a solid than to that of a fluid body: it is

* According to the experiments of Mr. William Brande, mucus consists of albumen and soda.—See a paper in the Philosophical Transactions, on albumen and some other secreted fluids.

semi-transparent, and possessed of a great degree of tenacity: it adheres to the fingers like bird-lime; but the attraction of cohesion between its parts is so strong, that it may be generally drawn away entire from any body to which it has adhered. If the uterus of a pregnant woman is examined after death, this mucus may be drawn out of the orifices of the glands which secrete it.—These glands, in a state of health, perform the office of secretion in pregnancy only; or, if at any other time, the matter secreted is of a very different kind, so resembling common mucus as not to be distinguished from it.

It is probable that the secretion of this viscid substance is confined to the commencement of the state of pregnancy; for if the body of a woman, in the third month of uterogestation, is examined after death, the quantity of mucus filling the cervix uteri will be found to be quite as considerable as at the close of pregnancy. The intention of this mucus has been supposed to be, to prevent the escape of the ovum in its early state; and that when it has answered this purpose, the secretion ceases; but it is probable that it has some other use, at present not understood.

It is known that the uterus prepares for the reception of the ovum, before the ovum reaches its cavity, by the formation of the decidua: the cervix uteri also performs the secretion of this viscid substance immediately after impregnation has taken place.*

2. *The Secretion from the inner Membrane of the Vagina.*

This membrane presents a very large surface for secretion, which is constantly going on. The quantity of this secretion is liable to great alterations, from causes which will be hereafter enumerated. This mucus is thinner than that formed by the mucous membrane of the uterus; for the finger, when withdrawn from the vagina of a healthy woman, after an examination, is merely moistened with a fluid, evidently containing a much larger quantity of water than mucus generally, or that formed by the uterus, contains; for if, in a case of procidentia uteri, where from the extent of the disease the os uteri has become visible, the finger be applied to that opening, the mucus from it may be drawn out in thin filaments. The inner membrane of the vagina (the surface which secretes this mucus) is generally thrown into a vast number of folds, which do not fol-

* Vide Medical Commentaries; and a paper, by Dr. Clarke, in vol. i. of the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge.—The parts referred to are preserved in the collection of Dr. Clarke and the author; and in the preparation both these facts are demonstrated.

low any regular arrangement, like those within the cervix of the uterus. This corrugation of the membrane is greatest in the fœtus and in young children: in maiden women it is very considerable; but in married women, particularly in those who have borne many children, it is less observable. A number of muscular fibres surround the vagina; and by the action of these fibres the capacity of the vagina is diminished, and the number of the rugæ increased. By means of volition these fibres may be excited to a stronger action: but this is temporary, and continues only whilst the will is directed to produce this effect. A woman from whom one of the drawings of procidentia of the uterus was taken, had the uterus returned to its situation within the body, and was enabled to retain it for a short time in that position by the exertion of her will; but in a short time the tumour came down again, the mere tone or permanent contraction of the fibres being inadequate to produce the same effect. —The number of rugæ in the vagina is in proportion to the strength of the woman: for when this has been greatly diminished, the lining of the vagina becomes more and more smooth, by the rugæ being diminished in number; till at last, in those cases, when from the effect of long diseases, or great age, the powers of the body are nearly exhausted, the rugæ are quite obliterated, making the inner part of the vagina perfectly smooth. If the body of a woman who has died of hemorrhage after a labour is examined, this will be evidently seen. The secretion from this membrane is least in quantity when the wrinkling is the greatest:—for example, it is very trifling in children and in maiden women;* but is formed in the greatest quantity, and more frequently, in married women who have borne many children, whose vagina has been most frequently dilated. In cases of great debility, from any cause, this discharge almost always attends; but as the system acquires strength the discharge diminishes, till it ceases altogether.†

If the vessels of the uterus and the vagina are injected by coloured wax thrown into the hypogastric arteries, several vessels of a considerable size may be seen running from the hypogastric arteries along the sides of the vagina towards the os externum; and partly by these vessels and partly by some branches of the pudica artery this secretion is performed. When the muscular fibres which surround the vagina contract, the small branches of these vessels will be pressed upon, and their diameter will be diminished: in consequence of this diminution of

* Virgines rarò hoc malum (fluor muliebris) infestat, frequentiùs adultiores. —Sennurtus, lib. 4, part 2, sect. 2, cap. 12.

† Ῥοος δε λευκος εν τησι γεραιτερησι των γυναικων μαλλον γινεται η εν τησι νεωτερησι.— (Ιπποκρ. περι γυναικειων, βιβλ. β.)

their diameter, the stream in them will be lessened, and less blood will be sent to the parts which they supply; but if the power of contraction in the muscular fibres surrounding the vagina be lessened or lost; then, no restraint being laid upon the vessels, more blood rushes through them, their diameter being increased; and the parts, to which they go, will be supplied more plentifully. So likewise if the canal is very much dilated by any cause, this muscular band being put upon the stretch will be unable to act at all; and a like effect will be produced upon the blood-vessels which furnish fluids for secretion.

In moist countries and climates also, where it is to be expected that the tone of the body would be diminished, this discharge is found to be very common.*

3. *The Secretion from the Lacunæ seated in the Vestibulum.*

The term vestibulum has been given to that part of the passage leading to the uterus which lies upon the outside of the hymen: beyond this membrane the canal is called the vagina.

Between the clitoris and the meatus urinarius are to be seen small openings, which pour out a glutinous mucus. Two other openings of the same kind are situated upon each side of the vestibulum, at about an equal distance from the fore and back part of the passage: these are large enough to admit the end of a bristle. There are also several little orifices very near to the carunculæ myrtiformes. All of these openings pour out a glutinous mucus which has a peculiar odour.

4. *The Secretion from the Mucous Membrane of the Urethra.*

The urethra is lined throughout with a mucous membrane which secretes a viscid mucus: this shields the membrane, and prevents the salts of the urine from stimulating it. If, however, the urine is rendered particularly acrid from substances taken into the stomach, or from improper actions going on in the stomach, the mucous membrane may be irritated through this mucus by such increased acrimony; which, though it may be equal to defending it from ordinary stimuli, may be incapable of protecting it from others which are stronger. This is the case also in other mucous membranes. Mucus secreted in diseased states of the bladder escapes occasionally in large quantity from the orifice of the meatus urinarius, so as to make the urine of a ropy consistence.

* "In Holland, fluor albus is frequent, and in a manner peculiar to the place, from the dampness of its situation. I have attended more women labouring under fluor albus in autumn, than at any other season of the year, especially when the weather was extremely moist and cold. Most of them were cured by change of diet, increased perspiration, and the proper use of Peruvian bark and aromatics."—Leake's Medical Instructions, vol. i.

CHAPTER II.

Profluvium Vaginale, or Vaginal Discharge.

Under the above term, it is proposed to comprehend those morbid discharges from the vagina which have been variously, and perhaps improperly, named by writers.

If a practitioner is capable of removing that assemblage of symptoms which attends a disease, it is very immaterial what name he gives to it, or whether he affixes any name to it at all. On the other hand, the adaptation of a proper name to a disease will not always lead to the successful treatment of it. For example, if a surgeon is called to a patient who, having been subject to giddiness, is attacked by a sudden privation of sense and the power of voluntary motion, whose pulse is full and slow, whose face is red, and whose breathing is stertorous; if he takes away a large quantity of blood, such a patient will be as much relieved as if the surgeon knew that the complaint was called apoplexy. And if a surgeon should be able to attribute certain symptoms to an aneurism of the aorta, the disease will be as much beyond the reach of remedy, as if no name was conferred upon it. Nevertheless, it is necessary for the purpose of description, to designate every disease by some appellation; and great care should be taken that it should be an appropriate one, or at least that it should not mislead.

Hippocrates calls the morbid discharges from the vagina which are not menstruous "γυναικεια λευκα."

Sydenham gives to these discharges the name of "fluor muliebris." He considers the complaint to depend upon debility, and to be allied to diabetes, respecting which he observes: "Curativæ indicatione ad sanguinem invigorandum corroborandumque." Then follow some prescriptions for medicines of a tonic and stimulating kind. After this he concludes by saying: "Eâdem fere methodo atque iisdem remediis contumax iste, et diuturnus affectus fluor muliebris sanatur ac diabetes modo dictus; nam utrobique indicationes curativæ eædem sunt quantumcunque inter se hi duo morbi dissidere videantur."—Vide Epist. 1. de morb. epidemic. ab anno 1675 ad annum 1680.

Dr. Mead describes the disease under the name of "fluor albus:"—"Fœdus morbus est tetra ista colluvies quæ colore albo ex fœminarum naturalibus interdum profluit: hunc autem humorem modo profundunt canales uterini, modo ex glandulis quibus consita est vagina erumpit. In utrâque mali specie corporis habitus præcipue habenda est ratio: ab illius enim vitio tam hic

quam iste morbus originem trahit: ubi autem in ipsâ vaginâ sedem fixit externa etiam opus sunt."—Mead's Monita et Præcepta, cap. 19, sect. 3. The mode of cure recommended consists of the exhibition of an emetic of Vin. Ipecac., of purgatives of rhubarb with occasional doses of mercury six times sublimed: and if the fibres are lax and require to be strengthened, steel is to be exhibited. Astringent injections are recommended by him to be thrown into the vagina, which is also to be fumigated with a powder consisting of some gum resins and cinnabar of antimony.

Dr. Cullen treats of the disease under the title of Leucorrhæa:—"Every serous or puriform discharge from the vagina may be, and has been, comprehended under one or other of these appellations—Leucorrhæa, fluor albus, or whites. Such discharges may be various, and may proceed from various causes not yet well ascertained: but I confine myself here to treat of those discharges alone which may be presumed to proceed from the same vessels which in their natural state pour out the menses."...."As the Leucorrhæa generally depends upon a great loss of tone in the vessels of the uterus, the disease has been relieved, and sometimes cured, by certain stimulant medicines, which are commonly determined to the urinary passages, and from the vicinity of these are often communicated to the uterus:—such for example are cantharides, turpentines, and other balsams of a stimulating nature."—Cullen's Practice of Physic.

By Dr. Denman, in his valuable Introduction to the Practice of Midwifery; and by Dr. Heberden, in his Commentaries, published after his death by his son; the disease is named fluor albus: and both have given very accurate descriptions of it.

"A mucous, ichorous, or sanious discharge from the vagina or uterus, is called fluor albus: these discharges are various in their degrees as in their kinds; from a simple increase of the natural mucus of the part, to that which is of the most acrimonious quality; but the first is not esteemed a disease, unless it is excessive in its degree. It is the most frequent complaint to which women are liable, and is by them suspected to be the cause of every disease which they may at the time suffer; but it is generally a symptom of some local disease, or a consequence of great debility of the constitution, though when profuse it becomes a cause of yet greater weakness."—Dr. Denman's Introduction to the Practice of Midwifery, chap. 3, sect. 6.

"Humor iste, quamquam plerumque albus ut vulgo appellatur, et aquæ similis, interdum tamen glutinosus est, et coloris subflavi, item subviridis et mali odoris, atque tam acris ut nisi partes in quas descendit sæpe eluantur levis inflammatio fiat cum prurigine et dolore: cuticula quoque deteratur, et urina reddi

nequeat sine sensu pungentis caloris."—Heberden's Comment. cap. 41.

By la Motte, in his work entitled Traité complet des Accouchemens, the complaint is called "Les fleurs blanches."

Dr. Hamilton, in his Treatise on Female Complaints, considers the disease under the head of "Sexual Weakness" and amongst women above the lower class of life in this country the discharge is called "a weakness." The most vulgar denominate the discharge "the whites."

In reviewing these names, we shall find that they are all objectionable, with the exception of that employed by Sydenham, "fluor muliebris," which is as applicable to the menstruous discharge as to any other.

The term "a weakness" deserves particularly to be reprobated; because it may, and actually does, very often become the reason for prescribing tonic medicines, which may be most detrimental to the patient. Indeed, women often spontaneously have recourse to strengthening medicines and to food in many cases in which both are injurious.

The author has prefixed the expression "vaginal discharge" to this chapter; but he wishes it to be considered as a symptom, and not treated as a disease. The most simple definition of it appears to be, that it is a discharge of a fluid flowing from the vagina, varying in its consistence, quantity, and colour; either produced by weakness of the constitution, or by a change in the structure, position, or actions of the neighbouring parts, such change being the effect of natural or morbid causes.

It is very important to inquire into the cause of these discharges; by the knowledge of which, the judgment of the practitioner will be directed to the best mode of treatment.

If the discharge is the effect of weakness, and if by its continuance the original weakness is increased, tonics will be required. If it depends upon some tumour in the vagina, the removal or support of this will also remove the discharge. If it arises from inflammatory action, this must be removed before any endeavour to restrain it is employed; for as the discharge during its continuance lessens the violence of the disease which produced it, it should not be checked till such inflammatory action is diminished. Nothing can be more injurious under such circumstances, than the exhibition of tonics and stimulants, as cantharides, turpentine, and steel.

In many cases it is as injurious to restrain the discharge from the parts, as it would be to put an end to the natural salivation of a teething child whilst the determination of blood to the head continues, or to heal an ulcerating surface in a constitution

which has been long accustomed to it, without substituting some other secretion for it.

In many complaints of the female organs the patient is liable to discharges, and these are of different kinds: but all the varieties of discharge are not met with in one patient at the same time; since in one case the discharge is mucous, in another purulent, and in another watery.

The author hopes that some advantage will be gained by classing these diseases according to the peculiar nature of the discharge which accompanies them.—It must be allowed, that there are mixed cases, where the discharges vary from their usual appearance; moreover, a discharge of one kind will mark one stage of a disease, and a discharge of another kind a different stage. As happens in diseases in other parts of the body, one disease also is sometimes blended with another, and the discrimination of these modifications and irregularities constitutes no small part of the skill of the practitioner.—A scirrhous tumour of the uterus may have been attended (for years perhaps) by an increased secretion of simple mucus; but upon this disease becoming active, by inflammation attacking the tumour, so as to convert it into cancer, the discharge becomes purulent and highly irritating. The period of this conversion is indicated by the alteration in the nature of the secretion.

In the cauliflower excrescence of the os uteri,* the discharge consists of little more than a clear watery fluid: blood, however, is sometimes mixed with it, or perhaps comes away alone in large quantities. Nevertheless, the discharge of blood forms no part of the peculiar character of this disease, but it is generally produced by violence or improper exertion.

The discharges from the vagina may be comprised under the following heads:

1. Transparent Mucous Discharge.
2. White Mucous Discharge.
3. Watery Discharge.
4. Purulent Discharge.
5. Sanguineous Discharge.

Transparent Mucous Discharge.

By transparent mucous discharge is meant that which is gelatinous, nearly transparent, and capable of being coagulated.

* See a paper by Dr. Clarke, in vol. iii. of the Transactions of a Society for the Promotion of Medical and Chirurgical Knowledge.

White Mucous Discharge.

The white mucous discharge is opake, of a perfectly white colour; and it resembles, in consistence, a mixture of starch and water made without heat; or thin cream.

This discharge is easily washed from the finger after an examination; and it is capable of being diffused through water, rendering it turbid.—A morbid state of the glands in the cervix of the uterus probably gives rise to this discharge; at least, the cases in which it comes away are those in which the symptoms are referred to this part; and when pressure is made upon it, the woman complains of considerable pain.

Purulent Discharge.

The term purulent discharge needs very little explanation, meaning simply that, in which the fluid resembles pus secreted by the surface of an ulcer.

*Watery Discharges.**

Under the head of watery discharges are comprehended those which resemble clear water, having no colour, and which contain very little glutinous matter; sometimes none at all.

If the discharge of blood (the quantity of which is sometimes very great) be excepted, the watery discharge exceeds in quantity any other which these parts furnish. The linen of the patient will often appear as if drenched with water, and no care (so long as the disease continues which gives rise to it) will prevent the patient being rendered uncomfortable by it. By a steady perseverance in a proper plan, in one case of disease in

* It is not intended under the present head to include involuntary discharges of urine, arising from paralysis of the neck of the bladder, or communications between the bladder and the vagina. The unfortunate subject of these accidents deserves every attention; and whatever can be suggested by the invention, or formed by mechanical means, for the purpose of adding to the comfort of the sufferer, should be employed. The cases just mentioned may not admit of cure; but much may be done in the way of alleviation. There will be no difficulty in distinguishing between urine and any other watery fluid, if a moderate degree of attention be given:—the smell itself will be in most cases sufficient to detect the difference: but where (as in some hysterical cases) the urine possesses little colour or odour, the nature of the fluid may be readily ascertained by some inquiries made of the patient respecting the commencement of the disease, the supposed cause, and the accompanying symptoms; especially whether, in addition to the constant discharge of a fluid, the patient is at any time enabled to retain much urine in the bladder: for in no case of palsy of the neck of the bladder, or destruction of the parts between its cavity and that of the vagina, can much urine be retained; and it generally runs off as fast as it is secreted.—Obvious as the diagnostics are, it has occurred to the author to witness an instance where the mistake was made, and it may often have happened.

which it arises, it may be much moderated; whilst in another,* no remedy will produce any effect upon it.

Sanguineous Discharge.

The sanguineous discharge is that of which blood forms the principal part, or perhaps the whole, of the matter evacuated.—The appearance of blood is too well known to be mistaken; but in proportion to the quantity evacuated, or the length of time which it takes up in escaping, will be its fluidity or form. When the quantity is considerable, when it escapes from large vessels, or is quickly forced out by the energy of the action of the heart and arteries, it comes away in a fluid state: when it escapes more slowly, and the exit of it is for a while retarded, being in a state of rest, it coagulates, assuming the figure of the parts in which it lies: where very little is poured out, not enough to form a stream, or a coagulum, of much thickness, it simply covers the surfaces over which it flows, and becoming solid, escapes from the external parts, either in the form of hollow casts of the cavities in which it has been retained; or sometimes, spreading itself over the surfaces of tumours, it comes away in the form of circles of coagulated blood. In this latter case, the shape of these rings of blood escapes observation generally; for being received upon the linen of the patient, by collapsing they lose their proper form: but if they are placed in water, or if they come away with the urine, they fall into the vessel which contains it, and demonstrate the manner of their formation.—By the action of the surrounding parts upon these coagula of blood, the serum is squeezed out of them; and the coagula themselves, having acquired a greater firmness than usually belongs to coagulated blood, are sometimes regarded by patients as diseased tumours which had been formed in the parts. The coagulating lymph of the blood sometimes comes away unmixed with the colouring matter or the serum: this happens in inflammation of the mucous membrane of the vagina and uterus. Many cases of this kind are mistaken for abortions: since the substance discharged resembles decidua, both in colour and thickness; and the pain which attends them makes the resemblance between the two cases greater. Periodical returns of the pain are met with in both occurrences. The difference between the two cases consists in this—The transparent membranes of the ovum will be wanting if the case is not abortion; and in inflammation of the mucous membrane of the uterus and vagina, although there will be occasional pain in the attempts to expel the adventitious matter, there will remain a permanent pain, arising from the

* Hydatids of the uterus.

continuance of the morbid action of the parts, which will be wanting in abortion.

Of some diseases of the uterine system, the white mucous, and the watery discharge are pathognomonic symptoms; but the sanguineous belongs to none exclusively, being met with occasionally in most of them: in some it appears with more violence than in others: its quantity may not exceed a few drops; or it may be so profuse as to bring the life of the patient into immediate hazard.—It is unnecessary in this place to consider sanguineous discharges, because they will be described in the history of those diseases to which they belong.

An evacuation of blood from the uterus takes place in some cases of disordered menstruation, without any alteration of the structure of the parts.—These cases may perhaps be the subject of future consideration.

There are some diseases of the female organs which are unattended with any discharge from the vagina.—These will also be described at some future period.

Of all the discharges which come away from the vagina, those of mucus are the most frequent, as they are capable of being produced by several complaints of the parts: besides which, the mucous discharge is that which takes place frequently (in those women whose constitutions have been much weakened) from debility alone.

CHAPTER III.

General Observations on Sexual Diseases, and on the Necessity and Mode of making an Examination per Vaginam.

There are no diseases which excite in the mind of the patient a greater degree of anxiety and distress than those affecting the sexual organs, both male and female. The first appearances of disease are marked with attention, inquiries respecting them are made with earnestness, and their progress is watched with the most unremitting care. This is not only observable in persons of weak minds and fearful dispositions; but in those who possess the strongest understandings, whose minds have been used to contemplate danger, and fortified by religion and morality.

So connected is the happiness of mankind with the well-being of these parts, and so diffused is the influence which these parts have upon the functions of others essential to health, that it excites no surprise that the anxiety respecting them should be so great.

The diseases of these parts affect either the external or the internal organs, of which complaints the latter are by far the most numerous.

The existence of these diseases and their kind can only be known by an examination *per vaginam:* and this should be always proposed and performed, whenever there is reason to believe from the symptoms, that they depend upon any local cause. If it should be found, upon examination, that no such local disease exists, the state of the constitution is to be inquired into, and remedies applied for its relief. If, on the other hand, it should appear that the parts are altered in structure or situation, such local remedies are to be used as will either cure or palliate.

It should also be recollected, that it is no inconsiderable comfort to a patient who believes herself to be affected by some fatal complaint, to be informed, after such examination, that no such complaint exists.

The human mind is prone to look upon the dark side of objects; and for the sacrifice which on this occasion the woman makes of her feelings to her health, she often is amply compensated by the information acquired.

In making such examination, the person of the woman should on no account be exposed, and as much care as possible should be taken to avoid giving pain.—Even when, as in the case of a tumour in the parts, it becomes desirable to know whether that

tumour is sensible, this should be ascertained with the greatest tenderness. The finger should be covered with some unctuous substance, in order to avoid giving any unnecessary uneasiness. After the examination has been made, the finger is to be wiped upon a clean napkin, which will shew what is the nature of the discharge.

It is notorious that many practitioners prescribe for complaints of these organs, from a mere history of the symptoms given by the patient. It is quite impossible in many complaints to depend upon such descriptions; and daily experience demonstrates the futility, and in some cases the injury, arising to patients from medicines prescribed upon such vague information.

From the general disinclination of practitioners to make an examination, arises in part their want of success in the treatment of these complaints; and from this omission proceeds the dislike which many patients have to an examination being made by a second practitioner, when it had not been proposed by the first. In considering the complaints of these organs, it does not appear that they are more easily discovered than those in other situations. They require as much and as attentive investigation; they are not less numerous, or more simple, than those of other parts; and by conjecture truth is not likely to be elicited.

But let it be granted that they are simple. Is it not customary in other instances to pay a nice attention to simple complaints? Is it usual to prescribe for a sore throat, without looking at the fauces? If a patient has a purulent discharge from the anus, it is the business of a surgeon to examine whether fistula be present. If a man advanced in life has a mucous discharge from the urethra, the practitioner would suspect disease of the prostate gland, and would not be satisfied without making the necessary examination. These instances need not be multiplied. If all this be so, it is equally right for the practitioner to examine a female patient, whenever he believes that disease is present.

But the nature of his other avocations may not lead him very often to meet with uterine diseases; and he may be too little acquainted with the state of the parts to draw any just conclusions from this investigation. If this is an excuse for not making the examination himself, he should take care that this very necessary duty should be performed by another who is competent, and accustomed to make it, and who possesses ability to describe with accuracy what has been found on examination.

CHAPTER IV.

ON SYMPATHIES.

Between different parts of the body sympathies of various kinds exist; some of which are indicative of healthy actions, and others of morbid changes. On the subject of these sympathies every practitioner should be informed, as the knowledge of them is involved in almost every case respecting which a surgeon or physician may be consulted.

Among the most common of the healthy sympathies may be mentioned that between the testicle and the organs of voice in the male; that between the uterus and the stomach, and between the uterus and the breasts, in the female; and that between the skin and the internal cavities in both sexes.

The morbid sympathies are very numerous.—By morbid sympathy is meant that consent between one part of the body and another, which arises in consequence of a part having undergone some alteration in structure or actions, which excites sympathy in another.

Morbid sympathy is found to exist between those parts affected by the sympathies of health; but it is also met with in parts between which, in health, there is no evidence of sympathy at all. For instance; a pain in the shoulder attends a diseased state of the liver: but no one, whilst the liver is in a healthy state, and performing its natural functions, would be led to think that any such sympathy between these parts existed.

Morbid sympathy may be divided into the single or simple sympathy, the compound, and the reciprocal.—Of the single or simple sympathy, many examples present themselves: that between the liver and the shoulder has been mentioned above.

When the functions of the stomach are disordered, and sometimes when only in a very trifling degree, the breasts become softer and more flaccid, and the gland itself seems altogether gone; and this too when the tone of the system generally is not much diminished, nor the size of the other parts at all shrunk. In this case, the return of the firmness and size of the gland becomes the strongest mark of the returning health of the stomach.

An exception to the above statement, respecting the sympathy between the stomach and the breasts, is observable in pregnancy; in which state, notwithstanding the functions of the stomach are greatly deranged, the breasts continue firm and hemispherical, and become even harder and larger than at other times; but this is to be regarded in another way, and is part of a process for the maintenance of the child to be born.

When the lower part of the intestinal canal is irritated by ascarides, there is frequently an itching of the nose.

The whole constitution appears in some cases to sympathize with a part, since in large external and particularly in internal inflammations a shivering fit sometimes comes on.

But it is to be observed, that these sympathies are single, and not mutual; for when the nostrils are irritated by polypus, or inflammation of the membrane which lines them, no increased irritability of the anus is excited, neither is any uneasiness in the region of the liver produced when the shoulder is affected by disease.

There are some sympathies which are reciproeal; that is, when the parts mutually sympathize with each other.

In certain affections of the brain, there is sickness of the stomach; and in a disordered state of the stomach, pain is felt in the head.

If a man receives a blow upon the testicles, sickness of the stomach comes on: on the other hand, when the functions of the stomach are deranged, the passions connected with and dependant upon the testicles are dormant.

There are other cases in which the sympathies are of a compound nature; as where a diseased uterus produces sickness of the stomach, and the latter organ being disordered, pain in the head comes on: here the sympathy is not direct between the uterus and the head, but the head is affected through the medium of the stomach; for the same disease not being attended by any complaint of the stomach, the head does not suffer. A lady between fifty and sixty years of age was attacked with pain in the back and at the bottom of the belly, attended by a purulent discharge from the vagina: there was nausea and vomiting, spasmodic pains were referred to the epigastric region, and there was pain over the anterior part of the head. An examination being made, the uterus was found extremely sensible to the touch, but it was not enlarged; at least no enlargement could be ascertained by examination: recourse was had to the hip bath and other remedies, and at the end of a few days the pain in the back and belly ceased, the sickness went off, and the patient was no longer troubled by head-ache. At various times since the first attack, this patient has been liable to the same symptoms, which have come on in the same order of succession; and they have yielded to the same means. The uterus appears to be a very fertile source of sympathy, and many symptoms referred to other parts arise from it. On this subject Sennertus has the following passage: "Habet præterea hæc pars cum multis aliis partibus consensum, unde varii morbi et symptomata varia excitari possunt."

The influence of the uterus upon the stomach is one of the most remarkable of all the sympathetic affections between this organ and any other. "Uteri affectus fere omnes ventriculo nocent." Heberden. Commentaria de Historiâ Morborum, cap. 97.

In cancer of the uterus, the stomach is always more or less affected with vomiting. When the uterus has been ruptured, vomiting comes on; and the matter rejected is of a black colour, resembling coffee grounds.

In amenorrhœa, the symptoms which belong to the stomach constitute a very important part of the disease.

In dysmenorrhœa, or painful menstruation, sickness and vomiting are present during the acute stage, and the effects of impaired digestion or disease of the chylopoietic viscera distress the woman in the intervals between the periods of menstruation.

The bladder and the rectum sympathize with the uterus; and hence strangury and tenesmus attend many of its complaints, as well as the process of labour. Frequently, however, these symptoms are produced by mechanical causes, as by tumours of the uterus pressing upon the rectum or the meatus urinarius. It is highly important to investigate these cases fully, as from the relative situation of these parts, and the existence of sympathy between them, mistakes may otherwise take place.

A tumour attached to the posterior part of the uterus may so compress the rectum between the os sacrum and itself, as to allow the fæces to pass with great difficulty, or to obstruct the passage of them entirely, unless when they are of a very small size. This has led practitioners often to suspect stricture of the rectum; and upon carrying the finger into the rectum, this suspicion is confirmed: not only the size of the fæces passing through the sphincter ani is rendered much smaller, but a resistance is offered to the passage of the finger.

A pain in the back is present in many diseases of the uterus; arising perhaps partly from sympathy, and partly from the origin of the sacral nerves.*

Pain in the lower extremities attends some uterine affections: previously to the appearance of the menses, and before the coming on of each period of menstruation, it is experienced by many women. It has been observed as a precursor of puerperal mania.—This pain in the legs is very different from cramp in the lower extremities, produced by pressure upon the sciatic nerve

* At the moment at which the author is writing this, he has a patient who has been taking medicines for a considerable time, under a supposition that she laboured under stone in the bladder.—She has a tumour projecting from the anterior part of the cervix of the uterus, upon which all her symptoms depend; and there is every reason to believe that the bladder is perfectly healthy.

of one or both sides; and it takes place in cases where no such pressure is, or can be made.

The abdominal muscles sympathize with the uterus; but not unless the muscular fibres of the uterus are in a state of contraction. If there is any substance to be expelled from the cavity of the uterus, the abdominal vessels lend their assistance in expelling it; as when an ovum, a bunch of hydatids, or a polypus, are protruded through the cervix of the uterus. The abdominal muscles assist also in expelling the contents of the stomach, the intestines, and the bladder.

The diaphragm is apt to be affected in some diseases of the uterus, so that the patient becomes subject to hiccough.

The mind also sympathizes with the uterus. This it does almost always when the stomach is affected by disease: but this is to be considered as one of the compound sympathies: for both in men and in women, when the digestive organs are disordered, the faculties of the mind are apt to be enervated; and occasionally to so great a degree, as to incapacitate the patient for attending to common business, or for enjoying the ordinary pleasures of life.

But besides this affection of the mind, induced through the medium of the stomach, many cases are found where the connexion subsisting between the uterus and the brain appears to be more direct: as in furor uterinus, puerperal convulsions, and in those cases of madness which succeed parturition, when there is little of bodily disorder. This connexion between the uterus and the sensorium may account for the greater number of instances of madness which occur in females than in males; it appearing that the number of women, compared with that of men, affected by madness in this country, is in the proportion of five of the former to four of the latter.*

The same author observes, "The natural processes of menstruation, parturition, and preparing nutriment for the infant, together with the diseases to which they are subject at these periods, and which are frequently remote causes of insanity, may perhaps serve to explain their greater disposition to this malady."—"That the peculiar states of the uterus have frequently a share in producing madness, appears from the fact, that between the years 1784 and 1794 eighty patients were admitted into Bethlem Hospital, whose disorders followed shortly the puerperal state. It is also to be remarked, that in this species of madness, the secretion of the menstruous discharge is interrupted, but its regular flow generally precedes recovery; and that some cases are met with, when the madness is con-

* See Haslam's Observations on Madness and Melancholy.

nected with the menstruation, and has lasted for years, in which, upon the cessation of the uterine discharge, the patient has completely recovered."

The inferences to be deduced from these facts are; that the functions of the uterus being duly performed, the mind is very little apt to be affected: that a disordered state of the reasoning faculty is attended by an interruption to the performance of these functions: that a parturient state of the uterus is a frequent cause of madness: and that, lastly, when the functions of the uterus are at an end, when it no longer secretes menstruous fluid, and when consequently it is no longer capable of being impregnated, the disposition to mental disease generally terminates.*

The mind sympathizes with the uterus in different degrees; from the case of the slightest hysterical affection, to absolute madness. Great despondency, dread of the future, ungrounded apprehension of some great misfortune, are to be looked upon as states of mind frequently originating in uterine disease. The last-mentioned mental symptoms seem most frequently to attend those cases in which there is a languor in the uterine system; whereas the more violent kinds of mania attend those cases where the uterine system is highly excited. This, however, is by no means universal: but the author's experience does not furnish him with a single case of violent madness connected with amenorrhœa attended by debility; whereas those accompanied with dread and melancholy are exceedingly common. These states of mind form by far the most distressing part of the disease; and there are few patients who would not exchange these feelings for bodily suffering, if they could choose between them.

There is a sufficient evidence of a disordered state of mind in many uterine affections in the gestures of the patient, which are hurried; the patient is almost constantly in motion. There is a restlessness of manner, a hesitation in her speech; sometimes a remarkable solicitude in her mode of interrogating the practitioner. She prefers solitude to society; although when her mind is fully engaged in the latter, she becomes less restless and disturbed.

* The author has kept no exact register of the number of patients whom he has seen labouring under puerperal mania: but his recollection furnishes him with nearly as many cases of this disease in single as in married women; notwithstanding the proportion of single women who fall into labour, compared with those who are married, is very small.

CHAPTER V.

On certain Diseases attended by a Mucous Discharge from the Vagina.

Some of these complaints consist of the displacement of parts; as

Procidentia Uteri.
Procidentia Vesicæ.
Procidentia Vaginæ.
Inversio Uteri.

PROCIDENTIA UTERI.

The nature of this disease may be understood from the name given to it: it has also been called ὑστεροπτωσις, Prolapsus Uteri, and Descensus Uteri; the latter term being used to express the minor degrees of the disease, the former that in which the uterus has fallen out of the body through the external parts. By women the disease is called "a falling of the womb," or simply "a bearing down."

In the healthy unimpregnated state of these parts, the uterus is situated nearly in the centre of the cavity of the pelvis, the distance of the os uteri from the os externum being about four inches. The os uteri is not a continuation of the same line with the vagina, but it terminates in the vagina by projecting into it, the outer surface of this projection being covered by a portion of the inner membrane of the vagina tightly spread over it. In the generality of subjects the distance from the opening of the os uteri, to the part where the inner membrane of the vagina begins to be reflected over it, may be nearly an inch. This distance will of course be increased in procidentia uteri, the angle of reflection being made nearer to the os externum.*

Every degree of procidentia uteri may be met with; from that case in which the os uteri descends a little lower than its natural situation, to that in which the uterus projects through the external parts, dragging with it the vagina, and forming a large tumour between the thighs of the woman, equal in size to a large

* In the most trifling case of procidentia uteri there must be some inversion of the vagina, and the degree depends upon the extent to which the procidentia uteri has proceeded.—"Nam in descensu quoque vagina tantum se invertat quantum uterus descendit."—Morgagni de Sedibus et Causis Morborum, Epist. xlv.

melon. This will cause an alteration in the relative situation of the parts within the pelvis and of the abdominal viscera, both regarding each other and also the containing parts, as the parietes of the abdomen, and the bones of the pelvis. The bladder, instead of being contained in the pelvis, falls down into the external tumour, dragging with it the meatus urinarius; so that in order to introduce a catheter into the bladder, the point of the instrument must be turned towards the knees of the woman; for, being placed in the usual manner in which that instrument is introduced, it will enter the passage, but cannot be made to pass into the bladder in that direction.

The rectum, instead of taking the sweep of the sacrum, first dips down into the posterior part of the tumour, and afterwards ascends into the pelvis. The fallopian tubes and ovaria will of course be dragged down with the uterus, and the centre of the tumour will be filled up by the small intestines which hang down into it (the mesentery being stretched;) whilst the omentum will occupy any vacant space which may be left.

Many months or even years may elapse whilst the uterus is making this descent; for when the uterus has descended so far that it can rest upon the perinæum, there it not infrequently remains, resting upon it as upon a shelf, the violence of the symptoms abating; for the parts which suspend the uterus above, although much lengthened, are no longer put upon the stretch.

The number and violence of the symptoms are by no means proportioned to the degree of the descent of the uterus; for when it has descended but little, the round ligaments are put upon the stretch, and the symptoms also which depend upon sympathy attend the minor cases of the complaint.

When the tumour is external, much inconvenience is felt by the woman in consequence of the situation of it between the thighs, which obliges her to straddle, in order to prevent pressure upon it. The external surface of the tumour presents a nearly equal surface; for as the uterus descends, the rugæ of the vagina are obliterated, except where the upper part of the tumour is joined to the body; and even here they are lost, when the bladder contains much urine; but in proportion as it empties itself, the rugæ begin to form again.

When the tumour becomes very large, the skin of the labia is drawn down, so that these parts are no longer distinct projections; but the tumour begins close to the upper part of the thighs, being covered by the cuticle of the labia, and the greater part by the membrane which, under natural circumstances, lines the vagina.

The vagina, being exposed to the action of the air upon it, loses its florid colour, and acquires that of the skin of the body.

It also loses its peculiar sexual irritability; not indeed becoming insensible to pressure, but its sensations being by no means so acute as they are in the natural state. The anterior part of the abdomen, instead of possessing its usual convexity, becomes flatter, from the viscera of the abdomen having left its cavity. When the uterus and its appendages only have fallen out of the external parts, but before the other viscera have fallen into the inverted vagina, the tumour has a lengthened form, which, taken together with its situation and the opening at the lower part, has made it sufficiently resemble the male organ to impose upon the credulous; and such persons have been exhibited as hermaphrodites. The difference between this disease and the male organ is too obvious to be mistaken by any one who will pay attention to it. The long diameter of the opening of the urethra in the latter is from before to behind; whereas that of the os uteri in females is from side to side; and this alone is enough to mark the difference. After some time the breadth of the tumour increases, so that it becomes of a globular form. The situation of the viscera being thus changed, they become liable to pressure in a greater degree than when they maintained their natural situation in the cavity of the abdomen; and inflammation is sometimes the effect of this pressure. Coagulating lymph is in such cases thrown out, which unites the parts; and if either the omentum, or a portion of intestine, be thus connected with the lower part of the tumour, pain may and will be felt in those situations of the belly from which such parts proceed. In the young woman from whom one of the drawings was taken,* where the omentum adhered to the fundus of the uterus, pain was felt in the region of the stomach, and became a cause of great distress.

The immediate causes of this disease are:

1. Relaxation of the broad and round ligaments above.
2. A want of due tone in the vagina below.

By the first, the uterus is permitted to fall; by the second, the uterus is allowed to be received into its cavity.

Whatever is capable of producing a lengthened state of the ligaments, or a relaxed state of the vagina, may become the occasional cause of the complaint.

Weakness of the system may be looked upon as a cause of this complaint; and therefore after long diseases, which have diminished the patient's strength, it is occasionally met with. Profuse hemorrhages taking place from any part of the body may act in the same way.

But the most common cause of procidentia uteri is the long continued erect posture of the body at an early period after de-

* Vide Plate.

livery, and in some cases after abortion. To this cause the majority of the cases is to be attributed: for at this time not only the immediate causes of the disease are present, but the uterus weighs eight or ten times more than an unimpregnated uterus, and it is carried down by its own weight. The long confinement of a patient to a warm bed after delivery may be productive of considerable debility; but sitting up in the erect posture is more injurious. The use of the chair is now very much laid aside, and the best practitioners direct their patients to remain in the recumbent posture upon a sofa, or on the outside of the bed: the advantages of a horizontal posture and coolness are thus combined. This posture should be observed until the uterus has nearly regained its unimpregnated size, which will be between the third and fourth week after delivery, at which time it may be presumed that the ligaments and the vagina have acquired their former strength. In this place a question may arise: What becomes of a women in the lower ranks of life, who have not the means of giving up this time to the recovery of their local strength? These women are liable to this complaint, and suffer from its effects very frequently. Because they are not generally found to complain, it is not to be supposed that they have not cause for complaint; nor, because they are not seen confined to a bed, is it to be thought that there is no necessity for confinement. They are often great sufferers; but their sufferings are frequently unknown, and their humble station often precludes them from obtaining relief. Women liable to violent coughs during the time of their confinement after childbirth are especially the subjects of procidentia, from the pressure made by the abdominal viscera upon the uterus in the occasional strong action of the diaphragm and the abdominal muscles, when the vagina can afford no resistance.

SYMPTOMS.

These arise partly from the effects produced upon the circumjacent parts by the change in the situation of the uterus, and partly from sympathy.

It may be a matter of surprise, that a very trifling change in the situation of the uterus should produce those inconveniences which attend some of the cases of this disease; but this surprise will be lessened by the recollection, that in other parts of the body, any derangement of the natural order or structure occasions much distress. A small tumour upon the inside of the eyelid will cause great pain, and produce a plentiful effusion of tears; a trifling obstruction in the lacrymal duct will be attended with a constantly weeping eye; a polypus of the nostrils will

occasion suffocation, interfere with the power of smelling and swallowing, and produce a considerable discharge of mucus; one tooth projecting beyond the rest will irritate the cheek, and sometimes render the speech inarticulate; and a relaxed or elongated uvula will sometimes produce a permanent sensation of choking.

At the commencement of this ailment the women complains of pain in the back, and this symptom sometimes continues for a great length of time without any other: pain is also felt in the groins, extending towards and terminating in the labia: there is a sense of fulness in the parts, and an increased discharge of transparent mucus from the vagina. As the disease proceeds, the pain in the back is described as the pain of dragging: the patient now has a sense of bearing down, or of weight; feeling, as she expresses it, as if every thing was dropping through her. The discharge increases in quantity. The pain in the groins arises probably from the round ligaments being stretched, and that in the back perhaps from an elongation of the parts connecting the uterus behind. As soon as the erect posture is changed for the recumbent position, these symptoms go off.

Strangury, although not a constant attendant, sometimes is present, and annoys the patient until the procidentia is cured.—A lady, whose constitution was weak, and who had borne several children, was attacked by pain in the groins; she had a discharge of mucus from the vagina, and was affected by a frequent desire to make water, voiding very little at each attempt. She had employed poppy fomentations and opium, and had taken some oily purgatives, without experiencing the least good effect. Upon further inquiry it appeared, that the pain in the groins left the patient at bedtime, and that at the same time the frequent inclination to make water went off. This led to an examination of the parts, by which a procidentia uteri was discovered. The whole plan of treatment was now changed. She used an astringent injection, took some cinchona with sulphuric acid, and confined herself to the sofa. By pursuing these means, the strangury and all the other symptoms left her as her strength was restored, without the use of any mechanical means.

The pain in the back which attends procidentia of the uterus, should be distinguished from that which is met with in cases of separation of the joint between the os ilium and the os sacrum, after some cases of labour. It has been remarked, that the pain in the back arising from procidentia is greatest when the patient is erect, and that it subsides in the horizontal posture. In the case of separation of the joints alluded to, the patient has a great difficulty in standing, or perhaps cannot stand at all, is uneasy even in the recumbent posture, and incapable of moving in bed without great pain.

Procidentia uteri and separation between the bones of the pelvis may exist together in the same patient, as is exemplified in the following case.

A young lady was delivered of her first child after a very good labour, which was very well managed by a sensible practitioner. The child was large. Being well after her labour, she sat up, walked about early, and considered herself remarkably well. She soon, however, became subject to a pain in the back and groins, uneasiness in the region of the stomach, and her digestion was impaired. She was very hysterical, and never free from a mucous discharge from the vagina. By the use of a pessary and an astringent injection, and the employment of some bitter tonic medicines, these symptoms diminished, and the sea-bath completed the cure. She fell with child again in a few months, and was delivered of twins. During and after this labour, there was a considerable discharge of blood; but in other respects she was well. At the end of a fortnight she found herself incapable of standing, and all the symptoms returned as after her former labour. By the use of the means above mentioned, the fresh-water bath being used (from necessity) instead of the sea-bath, the symptoms all left her, excepting the pain in the back, and the incapability of standing for half a minute unless supported on each side. Whenever she made the attempt to stand, she placed her hands upon the sides of her hips. This led the author to make a firm pressure there with his own hands; and as long as this was firmly applied, she could stand, but as soon as this support was withdrawn she was in danger of falling. Upon this information being gained, a leathern belt was made, of about the breadth of an inch and a half, or somewhat more, which was applied round the pelvis as tight as it could be borne without producing pain. The comfort arising from this belt was felt immediately; and by the permanent use of the bandage the complaint was cured, but some time elapsed before she completely recovered.

In procidentia uteri, the symptoms arising from the sympathy between the stomach and the uterus are very distressing. The appetite becomes irregular, or is totally lost; the stomach and bowels lose their tone, and there is a great sense of distention in the belly arising from air, which may be heard when moving from one part to another; the spirits flag; every employment becomes irksome, and life itself is considered as scarcely desirable. The diaphragm is sometimes affected by spasm, and hiccough is produced.

The quantity of the discharge from the vagina varies; in some cases being very profuse, in others slight. The appetite being diminished, the digestion impaired, and the secretion from the

parts being greatly increased, considerable weakness of the system is produced, and the vessels of the uterus, partaking of the general debility of the frame, permit blood as well as menstruous fluid to escape from their cavities: so that the patient may at the same moment labour under two diseases, one being the effect of the other; viz. menorrhagia and procidentia uteri; the former not admitting of relief by the usual means, unless attention be paid to the latter.

When the uterus has fallen out of the body, so as to become an external tumour covered by the vagina, the surface of the tumour (*i. e.* the membrane of the vagina) ceases to secrete, although it did so before in very considerable quantity, whilst the tumour was contained within the os externum. This circumstance will account for a fact observable in the disease, viz. that those cases of descent of the uterus in which the tumour is not external, are attended with a much greater degree of bodily weakness than when the tumour is external; in which latter case, all that strength is saved to the woman, which would have been expended if the tumour had continued in the body. But if the parts are returned to their natural situation, if that which is the covering of an external tumour is converted into the lining of an internal cavity, the mucous membrane of the vagina begins again immediately to resume its functions.*

It seldom happens that the vagina remains long exposed to the action of the air, without ulceration taking place upon its surface. This ulceration does not attack the whole of the exposed surface at once; but small spots or patches inflame and ulcerate, and these sometimes run into each other, but the whole surface is seldom covered by them. These ulcerations are generally not deep, and they have the appearance of healthy sores.

Whenever these ulcerations are met with, the os uteri seldom escapes being attacked by one of them.

Slight degrees of procidentia uteri can only be ascertained by great attention to the state of the parts, together with a knowledge of the common size and length of that part of the uterus which hangs down into the vagina.

There is then, in this disease, a tumour, either in the vagina, or hanging out of the external parts. But every tumour in these parts is not a prolapsed uterus. The mark which always characterizes procidentia of the uterus, is the existence of the os uteri at the lower part of the tumour. This being wanting, the disease is proved not to be procidentia uteri.

* This the author has frequently had an opportunity of demonstrating to some of the pupils attending the lectures, in the person of a poor woman labouring under an external prolapsus, who occasionally came to the lecture-room.

If a woman labouring under this complaint observes a horizontal posture, she experiences none of the symptoms so long as this posture is continued, but they return in the erect posture; the cause of which is, that in the recumbent posture the uterus does not fall into the vagina, and therefore the parts above are no longer stretched, nor those below distended. Any examination made only whilst the patient is lying down, will, for this reason, give little information to the practitioner. She should be examined in the erect attitude also. By this means, if the disease is procidentia, the uterus is not only made to fall lower, but the degree of the disease is also ascertained.

CHAPTER VI.

Treatment of Procidentia Uteri.

If nothing were done in the way of treatment for a patient labouring under this disease, she would become much distressed by all the symptoms which have been described: she might die from weakness, induced by the large discharges and the disordered state of the stomach; or she might die from inflammation taking place in the parts contained in the inverted vagina, which are more liable to pressure than when in their usual place, the cavity of the pelvis and abdomen. This really occurred in the young woman who died of an external procidentia in the workhouse at Kensington, and whose body was inspected by Mr. Thomson junior, and the author: coagulating lymph was thrown out, and the contents of the tumour were cemented together by means of it. There was also, as is usual in cases of peritonæal inflammation, a considerable quantity of serous fluid in the cavity of the abdomen. Such fatal terminations are uncommon; it much more frequently happens, that the patient drags on an uncomfortable life for a number of years, till she is destroyed by accident, or by some other disease.

Few cases admit of relief more readily than procidentia uteri in the early stages of it, and the remedies should be applied as soon as the disease is discovered; for the size of the support which is to sustain the uterus must be in proportion to the degree of dilatation of the vagina. If a woman having this disease should again become pregnant, and will consent, after her labour, to a confinement for some weeks in a horizontal posture, the parts may regain their tone, so as to render any artificial assistance unnecessary: but as the woman may not again be pregnant, and as, if she should, her patience may not hold out during the length of time necessary for the natural cure of the disease, the next subject of inquiry will be into the mode by which the complaint may be cured by art.

It has been already remarked, that in this complaint the vagina and the ligaments which suspend the uterus have had their tone diminished or destroyed, in consequence of which the uterus has fallen lower than its natural situation. From this view of the case, the curative intentions appear to be, to increase the strength of the parts which are weak, and to afford a support to the tumour, the descent of which produces the symptoms. In every case, these two objects are never to be lost sight of; but as in many cases the powers of the constitution are weakened,

and as we can give strength to particular parts by adding to that of the whole, those means usually employed to strengthen the constitution are not to be neglected.

The tone of the weakened parts is to be restored,

1. By the application of cold.
2. By the application of astringents.

Cold applied to the surface of the body produces an increase of the tone of the body, or increases the permanent contraction of the moving fibres. Thus, after the immersion of the body in the cold bath the muscles will be found firmer and harder, and will adapt themselves more closely to the parts which they cover; the scrotum, although before relaxed, becomes shorter in consequence of the increased tone of the muscular fibres, and the skin is consequently thrown into folds or rugæ. Cold produces also the temporary contraction of muscular fibres. Applied suddenly to the body previously heated, it is known to produce contraction of the bladder, as may be instanced in people who come out of hot rooms and theatres: and this happens before the bladder is much distended; so that it is not the mere distention of the bladder which produces this effect, but simply the application of cold to the surface of the body.

Cold produces contraction of parts in the immediate neighbourhood of its application in a greater degree than in those at a distance. If the hand of a man be dipped in cold water, it will shrink in size, the skin of it will become paler, and the vessels which ramify near the surface will be diminished in diameter, so as perhaps to be no longer visible, whilst the other hand will undergo no change. The application of cold to the outside of the head of a patient labouring under the effects of pressure upon the brain, will diminish these effects by taking off the pressure; and that it does so actually, is demonstrated by the vessels of the tunica conjunctiva becoming smaller in size, the face paler, and the pupil capable of contraction.

But the application of cold to a small part of the body, and this too at a distance, will sometimes cause a temporary strong action of parts, particularly of internal cavities: the immersion of the hands in cold water may occasion contraction of the bladder and the expulsion of its contents.

The application of ice to the neighbourhood of the uterus, *i. e.* to the back or belly, is useful in uterine hemorrhage, by producing the contraction of the uterus itself; and the size of the uterus may be felt to diminish under the hand; whereas the application of ice to a surface equally large at a distance, will not produce this effect at all, or not in the same degree.

Whatever produces an increased determination of blood to any part of the body, will occasion an increase of secretion from

the neighbourhood of that part. If the surface of the body is kept warm, the skin becomes red, and the quantity of the perspiration is increased. If a larger quantity of blood is sent to the salivary glands by the exhibition of mercury, salivation in greater quantity follows: and innumerable other instances might be brought, demonstrating the same fact.

On the other hand, whatever diminishes the flow of blood to any part of the body, will produce a diminution of the secretion from the neighbourhood of that part. If the skin of the body is kept cold, the surface becomes pale, and a check is given to the perspiration: if the breasts of a woman are kept cool, the quantity of milk may be greatly diminished.

Of the knowledge of these facts the practitioner is to avail himself in the treatment of the disease under consideration. It is desirable to increase the tone of the vagina, and so, by diminishing its diameter, to prevent the descent of the uterus: it is also important to lessen the quantity of the mucus secreted: 1st, because it becomes a cause of weakness; and, 2dly, because the passage of a warm gelatinous fluid over the parts will relax them still more.

The canal of the vagina is surrounded by a number of muscular fibres, capable of being made to contract by some applications or to relax by others, subject to the same laws by which muscular fibres in other parts are governed. When these muscular fibres contract with force, the rugæ of the vagina are greatly increased in number; when their tone is diminished or lost, the rugæ of the vagina are diminished in number. If the vagina of a woman in perfect health and vigour be examined, the internal surface of it will be corrugated strongly; but the reverse will happen in proportion as the woman becomes weak; and therefore in some cases of extreme debility the vagina will be so much relaxed, as readily to admit the whole hand: the rugæ will be obliterated, the surface of the vagina will present no inequalities, but be perfectly smooth.

Cold substances applied to the vagina, or to the parts in the neighbourhood, will produce a contraction of the muscular fibres which surround it, a corrugation of the internal membrane, and a diminution of the diameter of the canal itself.

Cold applied to the vagina will produce contraction of the blood-vessels which are in its neighbourhood, and the secretion from it will be diminished. Women subject to a mucous discharge from the vagina are sometimes inclined to employ some addition of clothing, so as to absorb it, and to keep their persons comfortable; although they remark at the same time, that if they have not recourse to such additional clothing, the quantity of the discharge is diminished. The explanation of this is,

that the action of the parts is increased by the addition of whatever tends to increase the warmth.

Further: It is to be observed, that cold not only produces a diminution of secretion, by causing an increased contraction of the blood-vessels, but also by throwing the vagina into folds; for in this state of the parts the blood-vessels which supply the lacunæ must run in a more tortuous direction, and a resistance must be offered in a greater degree to the flow of blood through them; and this is perhaps the reason why it will generally be found, that the quantity of the secretion from the membrane of the vagina will be proportionate to the number of rugæ within it, as was remarked in describing the discharges from these parts.

In procidentia uteri, cold water ought to be applied to the female parts, to the belly, and to the back, by means of a sponge, three or four times a day; and the water for this purpose should be used as soon as it has been drawn from the spring. The water may be rendered still colder by the addition of some matter which is passing from a solid to a fluid state, as ice or salt. Cold water may also be thrown into the vagina by means of a syringe, or a piece of ice may be introduced into the vagina, and suffered to dissolve there. In very slight cases of the disease, when the symptoms are just beginning, and when they are known to proceed from the causes which have been mentioned, they will be removed by attention to these rules, assisted by the horizontal posture. Whenever it is found necessary to inject fluids into the vagina, and important that they should remain there for any time, the operation should be performed when the woman is in a recumbent position; and if a pillow is previously placed under the hips, in order to raise them a little, the fluid will be less likely to escape.

The syringe to be employed should be capable of holding as much fluid as will fill the vagina; it should be furnished with a curved pipe, and the piston should play readily in the cylinder: this is a very material point, as the following case will shew.

A lady whilst throwing some injection into the vagina found that great force was necessary to make the fluid pass, and she incautiously applied it. Instead of pushing the piston lower in the cylinder, she pushed the point of the pipe violently against the anterior parts. Inflammation of the bladder came on, which extended to the peritonæum, and spread over great part of it; symptoms of the most alarming kind came on, and it was only by frequent bleedings, the use of diaphoretics, and a long confinement, that the disease was subdued.

There are two great defects in the construction of many of the syringes made for female use: one is, that they have one

large hole, or so great a number of holes at the extremity, that the fluid passes out too quickly. The other defect is in the situation of those holes, which are frequently placed at the sides as well as at the point of the instrument, so that the fluid escapes at the lateral holes, and little or none perhaps reaches the upper part of the vagina. But if the holes are all placed at the extremity of the pipe, the injection will be thrown to the upper part of the vagina, and will be sure of returning by the sides. In by far the greater number of cases the vagina will be found too much relaxed to have its tone restored by cold alone, and it will require the additional aid of astringents.

Astringent substances, applied to an animal solid, increase the force of the cohesion between the parts of it, or render it firmer.

The same substances applied to the living fibre increase its power of contraction, and thus a shortening of the fibre is produced. On these accounts they become very valuable applications in many cases of disease depending upon a laxity of muscular fibres. They often become the cause of the restriction of hemorrhage from small vessels, by producing a diminution of their cavities. Stimulants will produce the same effect, but are by no means so safe or so efficacious.

In procidentia of the uterus, astringent applications to the vagina become very serviceable, by diminishing its diameter, and thus rendering it less disposed to receive the displaced uterus; and also by restraining the mucous discharge.

The mineral and vegetable kingdom furnish a number of astringent substances, differing from each other much in power; and certainly not all equally applicable to every case.

Sulphate of zinc.—This substance is more useful in cases of relaxation of the orifices of mucous glands, than where tone is required to be given to muscular fibres, as in the case of procidentia: for in order to this latter effect a very strong solution of it must be employed, and this will be apt to irritate the membrane of the vagina:—few persons can continue to apply it long on this account.

The same observations apply to the compound of silver and nitric acid, and of copper and sulphuric acid.

The superacetate of lead does not possess much power in contracting the vagina; and few cases of this disease will be benefited by its use, unless where inflammation has attacked the vagina.

Solutions of alum will be found to be a much more powerful remedy; and even when very strong, they are little apt to irritate the mucous membrane. It has been the custom, from the earliest ages of medicine, to make a combination of those medicines, which fulfil the same intentions; and experience confirms

the propriety of the practice. It may reasonably be supposed, that a part not liable to be acted upon by one substance may be acted upon by another of the same class: thus one patient will be purged by senna, another by jalap, and another by salts, and either of them may be more active with one patient than the other two; but a more certain effect will be produced by a combination of the three medicines and by any of them singally, or even by two of them.

This fact is not confined to medicines for internal use, since we find that an indolent ulcer will sometimes be more benefited by one stimulating application than by another, and that a combination of stimulating substances will sometimes agree better than any one applied singly.

A mixture of alum and sulphate of zinc in such proportions as the nature of the case may seem to require, will sometimes fulfil the intentions of the practitioner better than either employed alone; and so of all the other mineral astringents which have been in use. The varieties in the shades of disease require a variety in the remedies employed; and this must be left to the skill and the judgment of the practitioner, who must accommodate his measures to the peculiarities of each case; and who, if he expects to find all cases alike, will be much disappointed when he is called upon to treat them. In the last Pharmacopœia published by the London College of Physicians, there is a formula for a solution of sulphate of zinc and alum, under the title of Liquor Aluminis Compositus,* which however will require to be diluted with different proportions of water, so as to adapt it to different cases; for the irritability of the mucous membrane of the vagina varies in different women, as well as in the same woman at different periods of time. This may make it necessary to begin with the application of weak astringents, and to increase their strength gradually.

Amongst the vegetable astringents applicable to the case under consideration, may be reckoned Thea viridis, Petala Rosæ rubræ, Cortex Quercus, Cortex Granati, Gallæ.

The two former do not possess the same degree of astringency with the last-mentioned substances. The three last possess a great degree of astringency. They give out their astringent properties to water more readily by boiling than by infusion, and therefore the decoctions of them are to be preferred: they may be used alone, or some of the mineral astringents may be dis-

* Liquor Aluminis Compositus.

℞ Aluminis
Zinci sulphatis singulorum unciam dimidiam;
Aquæ ferventis octarios duos:
Alumen et zinci sulphatem in aquâ simul liqua; dein per chartam cola.

solved in them. By these means are procured astringent fluids of such strength that the vagina may be so much contracted as even to render the introduction of the pipe of the female syringe difficult.

Astringent injections should be thrown into the parts twice or three times a-day, or oftener; and they should be used cold.

In addition to the good effects produced upon the parts by the local application of astringents, the views of the practitioner may be forwarded by exhibiting tonics internally. Substances of this kind applied to the stomach have the effect of increasing the force of the contraction of parts at a distance, and therefore will prove useful in many cases of this disease. From the numerous class of bitter tonics may be selected, according to the judgment of the practitioner, one or more which may be exhibited, such as gentiana, columba, quassia, anthemis, humulus; and the combination of two or more of these proves more useful than one only, and is besides more grateful to the stomach.*

A combination of a bitter and an astringent may be more useful than a bitter medicine given alone. The sulphuric acid may be exhibited in any of the bitter infusions; but as the cinchona contains both of these principles in a great degree, it is perhaps to be preferred to any other medicine: this too may be advantageously combined with the sulphuric acid.

It has been before remarked, that the stomach sympathizes with the uterus in this complaint; and that all its functions will sometimes be impaired, and its tone greatly diminished. In cases where both the stomach and the general system are weakened, but in which the stomach has more than its proportion of weakness, the simple bitters will be found better fitted to the purpose of giving strength than the combinations of bitters and powerful astringents: it may indeed be judicious to combine these medicines with stimulants, in order to excite the stomach

* "Bitter medicines which tend to strengthen the system, as far as my experience has gone, sit easier on the stomach, and tend more to strengthen the system when mixed together, than when any one of them is employed singly"—See a paper, by the late Dr George Fordyce, in the second volume of the Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge.

The same observation had been made above a century before, by the experienced Sydenham. Speaking of medicines for strengthening the stomach, he says:—"Eorum species aliquot affabrè permistæ humoribus concoquendis rectiùs, ut mihi videtur, quàm simplex quodlibet ex eorum tribu desumptum. Quamlibet enim quoties specificâ medicamenti cujuslibet virtute opus est nobis, regula tenet, Quo simplicius eo, melius:—Tamen cùm id habemus propositi ut huic illive indicationi satisfaciendo ægrum sanemus, singula ingredientia symbolum pro morbo curando quasi conferunt. Atque in hoc casu, quanto major est simplicium numerus, tanto potentiùs medicamentum operabitur.—E prædictis itaque et reliquâ ejusdem farinæ materiâ medicâ variæ remediorum formulæ ad hunc scopum tendentes concinnari possunt."

quickly to a more vigorous action. The spicy barks, the aromatic seeds, and volatile alkali, will be found well adapted to this purpose.

In all complaints it is highly important to have a well-regulated state of the stomach and bowels, but in none more than in this; for the two extremes of diarrhœa and costiveness will greatly retard the progress of the cure. The straining attendant upon tenesmus will act upon the uterus; and the endeavour to expel a costive stool has frequently displaced a pessary. The purgatives adapted to this case are those which increase the peristaltic motion of the intestines; such as rhubarb, or senna, to which some aromatic water or essential oil may be added, or a drachm or two of the compound tincture of rhubarb may be added to each dose of the bitter medicine.

Oily purgatives are apt to offend the stomach; those of a saline nature diminish the strength of the system, by lessening the quantity of circulating blood: and the resinous class of purgatives stimulate the lower part of the intestinal canal, and thereby increase the action of the vessels of the neighbouring parts. All these therefore are improper.

Mention has been already made of the application of cold to the parts concerned; but it yet remains to be stated, that the cold-bath is a valuable auxiliary in the cure of the disease. It increases the strength of the muscular fibres throughout the whole body, and greatly invigorates the system; but the same observation which was made respecting other tonics is no less applicable to cold-bathing; namely, that when the stomach is weakened more than any other part of the frame, the use of it will be detrimental to the patient. In like manner, when a patient labours under any inflammatory affection of the chest, the cold-bath should not be recommended on any account; although it should appear probable that the employment of it might be beneficial in the other complaints under which the patient labours.

Women whose strength has been much exhausted, should employ this remedy less frequently than those who are not so much debilitated, beginning with it twice a-week only, and at length using it daily. There certainly is a difference between the effects of bathing in fresh and salt water in many complaints. It is also observable in this. Women who have used the fresh-water bath with little or no advantage, have derived great benefit from sea-bathing; but as the situation in life, or the convenience of every person, does not admit of a journey to the sea, it may not be amiss to mention a plan which the author has found in some measure to compensate for the want of a sea-bath. It is observed by persons who have used both salt and

fresh-water bathing, that after the former a glow diffuses itself all over the body, which glow is not felt after the latter. The shock applied to the constitution increases the strength of the action of the heart, and the stimulus of the salt upon the skin invites the blood to the surface. Let two pounds of salt be dissolved in a gallon of water; let some coarse towels be immersed in this water, and afterwards wrung out and dried. After bathing, let the patient be dried with these towels, using some friction at the same time. In this way a degree of warmth will be given to the body, which will be both useful and agreeable to the patient. A solution of sea salt in water, employed as a shower-bath, is a good substitute for bathing in the sea.

In every case of procidentia much may be done by posture: the patient should lie as much as possible upon a bed or upon a sofa; and a mattrass, as presenting a flatter surface, and being less likely to debilitate, is preferable to a bed of down or feathers. The rooms which the patient inhabits should be kept cool.

Great care should be taken to guard against every thing which may produce strong action of the abdominal muscles; which, by pressing upon the parts contained in the abdomen or pelvis, may prolong the disease: besides, if a pessary is employed, it may be expelled or displaced by these efforts.

The diet of the patient should be nutritious, and a moderate quantity of wine may be allowed; but the stomach and intestines should never be loaded, lest the weight in the pelvis should keep up the complaint. The bladder should never be suffered to contain a large quantity of urine, for the same reason.

All flatulent food, all the wines of this country, (amongst which beer is included) should be avoided, as being liable to undergo another fermentation in the body, and to inconvenience the patient by flatulency.

CHAPTER VII.

On the Mode of supporting the Uterus.

Different modes have been employed, at various times, of supporting the weight of the uterus. Some of these possess advantages over the rest. The support intended for this purpose is called a pessary. Those in common use have been made of wax, cork, cork covered with wax, sponge, and wood. All the above-mentioned substances, except the last, are liable to some objections.

Wax being soft, and readily formed into any shape which may be required, would seem to be a very good material for a pessary; but in the heat of the body its shape becomes altered, and it no longer bears upon the parts on which it was intended that it should rest.

Cork, although from its lightness it seems well adapted for the purposes of a pessary, is objectionable, from being porous and liable to imbibe the moisture of the parts; from which circumstance it becomes offensive and irritating.

Pessaries have been made of cork covered with wax; but they soon lose the wax, which either becomes soft and is rubbed off, or it peels off in flakes.

Sponge is the worst material which can be employed for pessaries; for it is porous, and will very quickly imbibe the moisture of the parts. The piece of sponge must be large, compared with the size of the vagina, or it will be useless; and if it is large, the vagina, (the dilated state of which was one of the causes of the disease,) will be still farther dilated: and although, whilst the sponge is worn, the uterus will rest upon it, and the symptoms may be relieved; yet, when it is removed, the disease will return with double violence. It is a matter of surprise how such a substance could have been recommended for the purpose of curing the disease; since in fistulous sores, where the object of a surgeon is to increase the size of the opening by dilatation, this substance has been selected for the purpose.

A good pessary should combine firmness, lightness, and closeness of texture:—firmness, that it may not yield to pressure; lightness, that it may not incommode by weight; and closeness of texture, that it may not imbibe the secretions of the vagina.

Those made of box wood possess all these advantages; and this wood, not being scarce, can be easily procured.

Pessaries are made of various shapes as well as of different materials, adapted to different cases and circumstances. For the

majority of cases, a circular or an oval pessary answers sufficiently well; but the circular pessary can only be safely used in those cases where the disease has not made great progress, and where the tone of the vagina is not much impaired: for if the canal of the vagina has been much dilated, no pessary of a small size can be sustained in it; and one of a larger size, and of a circular form, might do mischief, by compressing the meatus urinarius and rectum, and so preventing the discharge of the fæces and urine.

It will seldom be safe to introduce a circular pessary the diameter of which exceeds two inches and a half: below this size there can be no impropriety in using it; for it is certainly less liable to be displaced than the oval pessary. The efficacy of a pessary depends upon the nice adaptation of its size to the state of the parts: the practitioner ought therefore particularly to attend to this. It should be large enough to keep the situation in which it is placed, else it will slip away; but it should not be so large as to distress the woman, or to injure the parts by its pressure.

If, after the first introduction of the instrument, it should be found that it is not adapted to the state and size of the parts, its size or form should be changed.

No instrument of this kind should measure in thickness at its external edge less than one-third of an inch, lest it should injure the parts by its edge: it should become gradually thinner as it approaches the centre, in which there should be an oval opening large enough to hold the end of the forefinger of the surgeon, in order to enable him to place the instrument. A number of holes may be pierced through the instrument in different parts, by means of which it is rendered much lighter, and the secretions from the upper part of the vagina, as well menstruous as mucous, can more readily pass through it.—Whatever may be the shape of the instrument employed as a support, it should be removed occasionally for the purpose of cleaning it, lest the secretions of the parts should attach themselves to it, and by retention become acrimonious and irritating. Occasionally also the pessary should be changed for one of a smaller size. In consequence of omitting to withdraw the pessary, the surface of it has sometimes become coated with gritty matter, which has brought on irritation, inflammation, and ulceration of the neighbouring parts. Instances too have occurred where parts of the instrument have been destroyed by a spontaneous change taking place in it, and angular portions of it have been left, which have produced similar bad effects.

A lady, seventy-five years of age, who had borne children, came under the care of the author, on account of considerable

pain in the vagina, attended by a very offensive discharge: the pain was constant, and was compared to that produced by a sharp instrument. Thirty-five years before, she had a prolapsus uteri, for which a pessary had been introduced, and had never been removed. The author having reason to fear that some diseased structure existed, examined the patient, and found that the pessary had lost its original form, being corroded in several places, and that many irregular portions of it were left, which pressed upon the vagina, and had produced ulceration of its internal surface. This lady having, as she said, suffered exceedingly in the introduction of the instrument (because perhaps it was incautiously performed,) would not consent to its removal, particularly after some of her symptoms had been relieved by fomentations and injections.*

The pessary of an oval form is best adapted to those cases in which the tone of the vagina is so very much diminished as to make a large support necessary; because in this case the oval pessary rests by its two extremities upon the sides of the vagina; but lying with its long diameter applied to the short diameter of the lower aperture of the female pelvis, it neither interferes with the rectum nor with the urinary passage.

If the case should require it, an oval pessary may be used, of a size so large that it may measure three inches and three quarters in its long diameter, without any injury to the parts: and a case will scarcely occur, where the perinæum is not injured, and where the uterus has not descended out of the external parts, in which a pessary of this kind will not afford a sufficient support. There is however an objection to the use of this instrument; which is, that it is more likely to be displaced in the sexual intercourse than a circular pessary. It may be here remarked, that if the patient has not passed the child-bearing age, such intercourse should not be prohibited; for if the woman should become pregnant, the disease will be naturally cured after the fourth month, by the ascent of the uterus into the cavity of the abdomen.

Mode of introducing the circular or oval Pessary.

The woman should be placed upon her left side, close to the edge of a bed, and her knees should be drawn up towards the

* Dr. Clarke related to the author a case to which he was called, in a woman advanced in life, who on account of similar symptoms had been examined by another practitioner, who found what he considered to be a schirrous tumour surrounding the os uteri. Dr. Clarke found that the supposed schirrous tumour was a cork pessary, introduced many years before, and rendered very rough by calculous matter deposited on its surface. It was withdrawn, and all the symptoms subsided in the course of a week.

abdomen: the practitioner is then (having previously examined the size of the vagina) to select a pessary, according to his judgment, of a proper size. This instrument is then to be covered with some simple unctuous matter; and if its form is circular, it is to be placed between the labia, so that one edge will be turned towards the os pubis, and the other to the rectum: it is then to be moved in a circular direction on its own axis, pressing it at the same time towards the perinæum, till it has fairly entered the vagina. As the instrument passes the edge of the external parts, some little uneasiness is always felt by the woman; but this ceases as soon as it has reached the vagina, to the upper part of which it is to be carried; and it is to be so placed that the uterus may rest upon one of the broad surfaces of it. The instrument is now to be left in the vagina, and a syringe full of some cold astringent injection should be thrown into the parts, to give tone and contraction to the dilated os externum; as in cases where the vagina is very much relaxed, it may make a smaller pessary answer the purpose of support than would be required if no such means were resorted to. Whatever may be the shape of the pessary introduced, the woman should continue for some minutes in the recumbent posture.

An oval pessary requires great care in the mode of introduction; and is either a very good or a very bad instrument, according as it is well or ill applied. In the choice of it, the present size of the vagina is to be first considered, with the diameter of which the long diameter of the instrument should correspond. The extremities of the instrument should not be too acutely pointed, lest they should injure the parts.

The instrument being covered with some unctuous substance, one end of it is to be placed between the labia, with the short diameter running from before to behind; and in this direction it is to be carried up into the vagina. The practitioner is then to insert the point of his forefinger into the opening in the centre of the instrument, and to place it across the vagina, so that the extremities may be turned towards the spinous processes of the os ischium. If the direction of the opening in the pessary is made to correspond with that of the long diameter of the instrument itself, this will be easily accomplished. The pessary is now to be passed as high into the vagina as it can be without giving pain, and to be left there.

Procidentia uteri sometimes occurs in women whose perinæum has been lacerated to a great extent in labour: in such a case, neither the circular nor the oval pessary can be retained; but the sacrosciatic ligaments and the os coccygis will sufficiently contract the lower aperture of the pelvis to enable a globular pessary to be retained. This pessary, pressing equally in all di-

rections, is very conveniently borne; and it may be used in widows who have lost the catamenia, with great advantage. The size of the instrument being adapted to the capacity of the parts, its surface is to be covered with unctuous matter, and it is to be placed between the labia; by a gentle pressure it is to be carried into the vagina, giving a degree of rotatory motion to it as it passes along, which greatly facilitates the introduction.

A form of instrument has been made for these cases with a stalk, to enable the woman to secure the instrument in the parts: but this stalk is very apt to irritate the labia; and the author has hardly known a case in which it could be employed with advantage.

Hippocrates, in the second book *περι γυναικειων*, describes exceedingly well some cases of procidentia uteri. Amongst the causes of the disease, he mentions fatigue after delivery, carrying heavy burthens, fright, cutting wood, or being connected *τῳ ανδρι εν τῃ λοχιῃ καθαρσει*. Speaking of the treatment of the disease, he recommends the application of cold water and astringents to the parts, the moderate use of food and drinks, a posture of body in which the feet are to be placed higher than the head; and, as a means of supporting the uterus, he desires that a globular pessary should be worn; and perhaps a better one could not be suggested,—very light, and possessing astringent power—a pomegranate steeped in wine. This (he directs) is to be chosen of a fit size, and to be carried into the parts, so that it may not come away, but remain.*

In those degrees of this disease where the uterus quits the cavity of the pelvis and falls out of the body, forming occasionally a tumour between the thighs of the woman, it is obvious that the parts must be returned to their natural situation before any support can be applied with much advantage. How far it may be prudent to attempt this reduction, and what degree of force it may be justifiable to employ for the purpose, must depend upon many circumstances into which inquiry should be made.

Particular care should be taken to ascertain, whether inflammation has at any time attacked the internal parts of the tumour; because if this should have happened, and if the parts should be connected with each other by coagulating lymph, the force necessary to accomplish the return of the tumour may separate the adhesions, or tear the parts with which they are connected; and the life of the patient may be brought into imminent hazard.

* Των ῥοιων δια του ομφαλου τρησαντα μεσου, εν οινῳ χλιηναντα. ἡτις αρμοζῃ μαλιστα, ει μη τι κωλυει, προστιθει ως εσωτατω, ειτ' αναδησαι ταινιη πλατειη και αναλαβειν, ως μη ολισθανοι αλλα μενοι.—Ἱπποκρ. περι γυναικειων, lib. ii. cap. 41.

Whenever therefore acute pain, which has been lasting, has occurred in the tumour, particularly when this has been accompanied by other marks of peritonæal inflammation, such as thirst, white tongue, small quick pulse, tenderness of the abdomen, and vomiting, no attempt should be made to replace the uterus within the body. So also when the attempt is attended with great pain, all efforts to return the parts should be abandoned. Bands of organized coagulating lymph may compress some parts of the intestinal canal when the tumour has been reduced, and the patient may be exposed to all the hazard of a strangulated hernia.

If it is determined that the tumour should be returned great caution is necessary; for when the parts have been long displaced, and the centre of the tumour is filled by the intestines, omentum, &c., the operation may be difficult, if not impossible. The vagina, when dragged down by the uterus, sometimes undergoes such a degree of distention, that its diameter will be greater than that of the pelvis itself. In the case of Watkins, who died in Kensington workhouse, the tumour measured more than fifteen inches in circumference, and its length was six inches and a half.

As the size of the tumour will be much increased by the distended state of the bladder and rectum, they should be previously emptied. The body of the patient should then be so placed that the pelvis may be much higher than the head: this will prevent the weight of the abdominal viscera from interfering with the return of the parts. The patient being now directed not to strain, or in any way to act with her abdominal muscles, the practitioner is to apply his fingers and thumb to the lower part of the tumour, where the os uteri is situated, and by a gentle pressure this is to be carried up into the centre of the tumour itself. This done, the same pressure is to be continued, and the parts are to be returned into their proper place in the pelvis. A pessary is then to be introduced into the vagina, and the patient should continue to lie upon an inclined plane, with the hips elevated, for several hours.

In almost all the cases in which the degree of the disease is so considerable, every pessary which can be introduced will be forced away by the slightest efforts of the woman: even the globular pessary (which is the best) will not be retained, neither can it be kept in the vagina by any common bandage. But by the following contrivance the globular pessary may be kept in the vagina. In the first place, a pessary is to be chosen of the size which the case requires, and a small slip of brass is to be attached to it by its two ends, leaving a space between the instrument and the centre of this piece of brass: a belt of leather, long enough to go round the patient's body, is also to be pre-

pared: to the centre of which behind, a brass wire, as thick as a common quill, is to be attached by a screw. This wire is now to be properly bent; and the pessary being introduced into the vagina, the wire is to be passed between the pessary and the piece of brass attached to it; and being brought up between the thighs, it is to be attached to the fore part of the circular strap. The reduced parts are by this means supported by a pessary, and this is kept in its place by the unyielding piece of metal.

By this contrivance a disease of a most distressing nature may be relieved, and the patient's situation changed from a state of the greatest distress to one of comparative comfort.

Before this history of procidentia uteri is closed, it will be right to observe, that cases of this disease are sometimes produced by the pressure of tumours of various kinds upon the uterus, and also by tumours of the uterus itself, which by their weight displace it. The symptoms in such cases will be sometimes of a compound nature, arising partly from the tumour, and partly from the altered situation of the uterus. Great circumspection is here required; and it should be well considered, whether it is advisable to recommend to the patient to bear the inconvenience arising from the two diseases, or to have recourse to a support.

Wherever there is reason to believe that the tumour is of a character likely to assume an active form, it will be best to do nothing which can possibly add to the disorder, but to advise the patient to submit to her present complaints, rather than to incur the hazard of rendering them worse, by experiments intended to relieve one of them which is not hazardous, but only inconvenient.

CHAPTER VIII.

PROCIDENTIA VESICÆ.

This disease being attended with some of the symptoms of procidentia uteri, has been confounded with it, and treated as such: in a few instances the patient has been relieved, but in the majority of cases she receives no benefit. As in procidentia vesicæ the vagina falls down before the tumour, the case has been denominated by some writers procidentia vaginæ;* although by others this term has been applied to the case where the posterior part of the vagina has fallen, so as to be exposed by protruding through the os externum. By some writers upon the diseases of the female organs, this complaint has not been noticed at all; and by none, within the author's knowledge, has the symptom which generally attends it been pointed out.

The term procidentia vesicæ is given to this disease: first, because it is really the bladder which falls, and which carries the vagina with it, in the same way in which a falling uterus does; and secondly, because the name directs the mind of the practitioner to an important part of the treatment.

The bladder may descend a little lower than its natural situation, or it may fall so low as to become an external tumour projecting between the labia.

This disease, like the former, will be most likely to occur when the vagina is relaxed, as after childbirth; but it may happen at any period of life. It is the posterior part of the bladder which descends, or that which lies behind the entrance of the urinary passage.

The greater number of patients whom the author has seen labouring under this disease have been subject to violent coughs, which may therefore probably have had some share in its production.

The symptoms of the disease in some respects resemble those of procidentia uteri; but some of the latter are wanting, and others not present in procidentia uteri are met with in this ailment. The weight of the part induces the woman to complain of a bearing down; not however to the same extent as in procidentia uteri. When any urine is contained in the bladder, the

* "De procidentiâ vulvæ seu vaginâ uteri. Non ab imperitis tantum obstetricibus atque aliis mulieribus, sed ab ipsis quoque medicis atque chirurgis viris ceterum satis expertis et doctis, identidem vaginæ procidentiam cum uteri procidentiâ confundi, eodem utplurimum nomine utrasque designari, manifestum est experientiâ."—Institutiones Chirurgicæ, Laureat. Heister. cap. clviii.

patient is much more uncomfortable, as the size of the tumour is much increased when the bladder is full; and vice versâ. The tumour seldom goes away entirely, because some urine generally remains in the bladder, even immediately after the woman supposes that she has emptied it; it appearing that these muscular fibres of the bladder, which form the pouch or tumour, have not the power of contracting so as to expel the whole of the urine.

A mucous discharge often attends the disease: but the quantity varies. In some cases it is very profuse.

The peculiar symptom which marks this complaint is a pain referred to the navel, with a sense of tightness there. This pain is the greatest when the bladder contains the largest quantity of urine; and as it parts with its contents the uneasiness diminishes, till at last when it is empty, or nearly so, the symptom goes off altogether.

The superior ligament of the bladder runs from the fundus of the bladder to the navel, to which it is attached; and perhaps some elongated state of this ligament (the remains of the umbilical arteries), or the effect produced by the dragging upon the navel itself, may account for this symptom.

This pain at the lower part of the belly extending to the navel, has been considered as symptomatic of disorder in the bowels, and the disease has been treated by purgatives. This class of medicines for a time relieves, because during the action of these remedies the bladder is nearly emptied of its contents: moreover, less urine is secreted by the kidneys. The good effect of these medicines is, however, only temporary, as the symptoms will be re-produced when the purging is discontinued.

The distinguishing mark between procidentia vesicæ and procidentia uteri, is the absence of those stomach symptoms which attend the latter; for although the stomach sympathizes with the bladder under many states of disease arising from altered structure or disordered actions, it is by no means so frequently affected by disorder of the bladder as by that of the uterus, and very rarely, if ever, is affected by the mere displacement of the bladder: but if in consequence of the displacement, the bladder should become affected by disease, then the complaint is no longer to be considered as a simple case of procidentia of the bladder.

A distinctive mark occurs on examination. In procidentia uteri an opening is perceptible at the lower part of the tumour, which is not the case in procidentia of the bladder.

In examining patients labouring under this disease, a tumour will be found in the vagina; and upon tracing this to its origin, it may be felt lying between the os pubis before and the uterus

behind; and a practitioner can hardly fail to discover that it is formed by a fluid. Encysted tumours forming in the cellular membrane of the parts, although rare occurrences may likewise be mistaken for a prolapsed bladder, or a prolapsed bladder for them; but tumours of the above description will not be lessened in size by the expulsion of the contents of the bladder, as is the case in procidentia vesicæ.

In the case under consideration, there is also an altered state of the cervix of the uterus, which deserves particular attention. In examining the structure of the sexual organs of the female in the dead body, it is to be observed, that the cervix of the uterus and the cervix of the bladder are very firmly connected by a strong cellular membrane; so that if the cervix of the bladder rises high into the cavity of the abdomen, the cervix of the uterus will follow it; and in this manner (it is known) retroversion of the uterus is produced.

In procidentia of the bladder of long standing, the pressure of the posterior part of this viscus (when containing some urine) upon the cellular membrane connecting it with the anterior part of the cervix uteri, elongates this cellular membrane: but as it does not yield readily, the anterior lip of the os uteri is dragged down with it, so as to be very much lengthened. In this altered state of the parts, the os uteri, instead of being found in the centre of the pelvis, opens directly backwards, and lies in contact with the posterior part of the vagina; so that the space between the elongated anterior lip of the os uteri and the posterior part of the vagina is very small.

The author has been consulted several times in cases of this kind, where the practitioner has been led to believe that the uterus was diseased, when, in fact, the parts had only undergone this change from an altered situation of the bladder. This lengthening of the cervix uteri may exist without any, or very little, alteration of the situation of the fundus of the uterus, as the following examination of the body of the woman, related by Morgagni, will shew.

"In ventre summum uteri fundum aliquanto inferiorem quam par esset obtinere sedem animadverti, nec tamen tanto ut posse ejus osculum illuc quo dicam pervenire suspicarer: Extra naturalis multum dilatati labia corpus tres quatuorve transversos digitos longum prominebat cylindri forma, valde crassum factum ex substantiâ, ligamenti simili nisi qua ad imum exulcerabatur; esse vaginam inversam facile agnovi. Itaque ad summam interiorem partem ejus corpus urethræ erat osculum, et sub hoc singula ab singulis lateribus satis patentia lacunarum foramina. In medio autem partis infimæ orificium erat mox abiens in uteri osculum per quod specillum ad summos usque cavcæ uteri parie-

tes nullo negotio trajiciebam. Miratus insolitam longitudinem vaginam incidi, atque intra ipsam conclusam reperi uteri cervicem permulto quam soleat longiorem factam."

This alteration of the cervix uteri being once produced, continues, although the bladder be emptied; and if the proper mode of curing the disease is not resorted to the anterior lip of the os uteri acquires additional length. The parts gradually return to their original state, if a support adapted to the nature of the case is applied and worn for a length of time.

Procidentia vesicæ admits of remedy by the use of a support introduced into the vagina; and the hollow pessary of a globular form before mentioned, is more serviceable than any other.

Hollow pessaries made of the shape of an egg are worn by some women more comfortably than the globular pessaries: particularly in those cases where the diameter of the vagina is but little increased by relaxation; where the length of the pessary, from the perinæum to the falling portion of the bladder, must of course be sufficient to support the latter; and where, if the instrument were globular, unnecessary pressure and pain would be the consequence.

The globular and the oviform instrument should be provided with four holes (in the latter, at the broad extremity), through which two pieces of silk can be passed, by means of which the instrument may be occasionally withdrawn by the woman or practitioner. Two holes would be sufficient for this purpose, if the strength of the silk could be depended upon; but as it may happen to break by the force employed in withdrawing the instrument, the remaining sound piece affords the means of bringing it away. For want of this precaution, women who have worn the oval pessary have had some difficulty in removing it when the tape has been broken.

Solutions of astringent substances should be thrown into the vagina often in the day. Particular care should be taken to avoid straining, as every exertion of this kind must affect the displaced part, and may force away the instrument. The woman should therefore avoid lifting heavy weights; and the bowels should be kept in such a relaxed state, that the fæces can be passed without any great exertion: the woman may therefore eat freely of fruit and vegetables; and if any assistance is required from medicine, the mildest purgatives are to be preferred. As the urinary bladder, at different periods, contains very different quantities of urine, and as the degree of the procidentia will depend upon the degree of distention of the bladder, especial regard should be had to prevent the accumulation of urine, by desiring the woman to make water frequently.

CHAPTER IX.

PROCIDENTIA VAGINÆ.

Medical men are not so frequently consulted respecting this disease as concerning procidentia of the uterus or bladder; for it is not attended with the constitutional symptoms of the former, nor the local inconveniences of the latter disease.

The term "procidentia vaginæ" is here meant to imply a relaxation of the posterior part of the vagina, so that this part is lower than the natural defined edge of the perinæum.

Lacerations of the perinæum, in labour, may certainly have some share in producing the complaint.

The anterior part of the os sacrum is of a concave form, and in this concavity the rectum lies. In the ordinary state of collapse, or emptiness of this intestine, and even when the quantity of fæces in it is not very considerable, the space at the back part of the pelvis will be sufficiently large to receive it without inconvenience: but partly from the state of constipation into which the generality of women are disposed to fall, from habits of false delicacy, and partly perhaps from the sedentary life which they too often lead, the lower part of the intestinal canal becomes so distended sometimes as to make the posterior part of the vagina approach nearer to the anterior part of the pelvis, and in this way the diameter of the vagina may be much diminished. This extreme distention of the gut at length diminishes or takes off the power of contraction upon its contents, and the strength of the sphincter muscle is increased by its frequent resistance to the contraction of the intestines and abdominal muscles: at length, when by the operation of purgative medicines, or by the natural strong efforts of the intestines, or by manual assistance (which is sometimes required) the lower bowel is emptied of its contents, the pouch formed by it and the posterior part of the vagina continues so as to form procidentia vaginæ. If the forefinger of the surgeon is passed into the anus, under such circumstances, and carried forwards, it will be directed into the pouch so formed. This disease appears sometimes to be produced by piles acting in the same manner as habitual costiveness. Such a state of parts being once produced will continue, unless proper means are employed to cure the disease.

The complaint may also be produced by cysts belonging to diseased ovaries falling down into the hollow between the rectum and the posterior part of the vagina. In one case where this happened in labour, the author was consulted, under a supposi-

tion that the prolapsed part was the bag of membranes formed by the amnion and chorion, and attempts had been made to break them. The case was terminated by opening the child's head, by means of which operation the life of the woman was saved. After the labour the cyst went up again into the cavity of the abdomen, and the vagina being no longer pressed down regained its natural situation.

No effect in this disease is produced upon the shape of the os uteri, because the cervix of the uterus is hardly at all connected to the rectum, and the cellular membrane between the vagina and rectum is very loose, and readily admits of the vagina projecting.

When the patient is in the horizontal posture, the tumour made by the prolapsed vagina is somewhat smaller than when she is erect; but it never goes away altogether. Its size is sometimes as large as a hen's egg.

Very few symptoms attend the complaint. Some pain in the back is present, but this is not considerable; some transparent mucus comes away from the vagina, and the woman complains of a relaxation in the parts, and of something projecting from them.

In curing this disease, the practitioner is to direct proper means to keep the rectum empty, and thus to remove one of its causes: afterwards he is to endeavour to restore the tone of the gut. Without attending to the first of these objects, the second cannot be accomplished; and unless the tone of the bowel is restored, the mere emptying of it will be useless.

Purgatives given by the mouth, and glysters thrown into the rectum, are the means by which the first of these objects is to be attained. If piles are present, the class of resinous purgatives is to be avoided. Castor oil, or solutions of some saline purgative in infusion of senna, should be given in frequently repeated doses, till the intended effect is produced. The glysters may be made of any of the farinaceous decoctions, or broth, and some expressed oil.

As in some instances the gut is so much distended as entirely to have lost its power of action, neither glysters nor purgatives will be of any avail; for the glyster-pipe, as it passes into the rectum, will be blocked up by fæces: and purgatives will only bring a larger quantity of fæces down, which will add to the bulk, already too great. Nothing remains in this case, but to empty the rectum by manual operation; in doing which, all delicate feelings of a practitioner are to be sacrificed to the patient's good; and however disgusting the operation to be performed may be, if it is necessary, the practitioner is bound to perform it. The following is the mode of doing it. The patient being placed

upon her left side on a bed, her knees being drawn upwards, the forefinger of the right hand of the surgeon, covered with oil, is to be introduced into the vagina: a marrow-spoon, or the small end of a common table-spoon, covered with oil and warmed, is then to be introduced into the rectum; and by means of it, assisted by the finger in the vagina, the fæces are to be scooped away. A large glyster is then to be thrown up; and if any fæculent matter should be lying in the sigmoid flexure of the colon, it will be brought down into the rectum, whence it may be easily removed.*

For the purpose of giving tone to the rectum, the same means are to be employed as are calculated to produce similar effects in other parts of the body. Bandages are not applicable to this case. The object is to give support to the posterior part of the vagina, and to the weakened rectum. A globular pessary answers both of these purposes very well, and it should be carefully adapted to the size of the vagina.

Solutions of alum, in a decoction of oak bark, may be thrown into the vagina several times in a day; or it may be applied to the part affected by means of a sponge. Cold water applied to the loins and to the external sexual parts will also assist the recovery of the patient, by giving strength.

Costiveness in future is to be carefully prevented.

* An ounce of soft soap dissolved in a pint of warm water forms as good a glyster for the purpose as can be employed.

CHAPTER X.

INVERSIO UTERI.

This complaint consists, as the name imports, in an inversion of the cavity of the uterus, so that the fundus comes through the os uteri: consequently that part which formerly was the inside of a cavity is converted into the outside of a tumour, either contained in the vagina, or projecting from it.

In the present improved state of the art of midwifery, this disease is very seldom met with, because it is generally a consequence of mismanagement of the placenta.

In labour, the child and the placenta are expelled partly by the abdominal muscles, but chiefly by the contraction of the uterus; and no alteration in the situation of the parts of the kind about to be described follows: but if, through ignorance, haste, or carelessness, the practitioner is induced to pull with much force by the funis umbilicalis before the placenta is separated, if the placenta should be firmly attached to the fundus of the uterus, and if the funis should be strong, the uterus being in a relaxed state at the time, the placenta will be pulled down; but the uterus will come with it, and will be inverted.

Women who do not bear children are, for the most part, exempt from this complaint; but it is said that it may be produced by the weight of a polypus attached to the fundus of the uterus. This cause may of course render unmarried women the subjects of the disease; but it will be rarely met with: first, because polypus itself is infrequent; secondly, because the polypus must be very large and heavy, that it may have the power of drawing down the uterus; thirdly, because an unimpregnated uterus is unyielding and firm; and fourthly, because the polypus, to produce the effect, must be attached exactly to the fundus of the uterus. In labours which have been badly conducted, the uterus is in a much more relaxed state than when the management has been judicious.

The immediate consequences of an inverted uterus, when it takes place after delivery, are hemorrhage, faintness, and a sense of fulness in the vagina. The woman in this case compares the feeling with the sensations which she experienced just before the child was born. If the nature of the accident is discovered early, it will admit of a ready cure, by the return of the parts to their original state. This is to be effected by making pressure upon the LOWER PART only of the tumour, so as to cause this part to be received into that above it: a continuance of the same

pressing force will in some cases quickly reduce the tumour. If the uterus has not been long displaced, and is much relaxed by loss of blood, the operation will be proportionably less difficult. The author has been called by other practitioners to cases of this kind, where the patient has expired, in consequence of hemorrhage, before the nature of the accident has been ascertained. In such cases, he has found very little difficulty in replacing the uterus, all resistance being removed by the weakened state of the patient previously to death. It sometimes happens, that, when a second practitioner is called in to a patient, he finds the uterus inverted, and the placenta still adhering. It is requisite that two things should here be done. The uterus is to be reduced, and the placenta is to be detached and removed.

The uterus is to be first returned to its usual state and natural situation; and the case then becoming simply one of a retained placenta, is to be treated as such: but if, neglecting this order of proceeding, the placenta should be first removed, a number of bleeding vessels are exposed before the uterus can contract so as to restrain the hemorrhage; and the chance is, that the patient may die from its effects.

As inversion of the uterus is (strictly speaking) to be considered as one of the immediate consequences of delivery, no admission would have been given to it in this work, if it were not that it is occasionally met with, in the chronic state, attended by a mucous discharge.

The symptoms of the chronic state resemble those of procidentia uteri; and an examination being made, a tumour is found either in the vagina or hanging out of the external parts. Such a tumour may be mistaken for polypus: but in the latter disease the os uteri encircles the tumour; in inversion of the uterus, the os uteri forms a part of the tumour itself. Moreover, the inverted uterus is sensible; polypus tumours, on the contrary, are void of feeling.

The tumour may be mistaken for procidentia of the uterus; but the difference may be detected by observing that there is no opening at its lower part. It is distinguished from procidentia of the bladder by being much more resisting, by its size continuing always the same, and by the impossibility of finding the uterus behind it.

If an inverted uterus should project from the external parts, and the woman should continue to menstruate, the fluid of menstruation may be observed coming from the whole surface of the lower part of the tumour—of the lower part of the tumour, because in the greater number of instances the uterus will drag down the vagina with it: in which case the external tumour will consist of two parts; one above, which is the inverted vagina,

another below, which is the inverted uterus. Where the vagina terminates and the uterus begins, there will be found a contracted part, which is the os uteri. As the uterus alone secretes the menstruous fluid, the lower part of the tumour only will be moistened by it; the upper part being an inversion of the vagina, which does not secrete menstruous fluid, having a glossy surface, which is dry; or if moist, covered with mucus, and not with menstruous fluid.

Whilst the inverted uterus remains in the vagina, the discharge (excepting at the periods of menstruation) will be of a mucous kind; but if the uterus falls lower, so as to protrude beyond the external parts, the exposure of that surface, which in a natural state lined the cavity, to air, as well as to occasional injuries, may induce inflammation and ulceration over a part or the whole of its surface; and the mucous discharge may be changed to one of a purulent kind, so considerable in quantity as to debilitate the constitution, and to cause all the common symptoms of weakness. If there are any ulcerations upon the surface of the upper part of the tumour formed by the inversion of the vagina, they will be circumscribed, and rarely cover its whole surface.

The size of an inverted uterus will vary in different cases, owing to the length of time which has elapsed since the labour, and the degree to which the parietes of the uterus have contracted. An inverted uterus will always be larger than an unimpregnated uterus in its usual state, because the appendages of the uterus (as the ovaria and the fallopian tubes) will be contained in the centre of the tumour.

In a case where the uterus has been long inverted, and lies in the vagina, (the latter cavity having undergone no change except from distention,) it will not be advisable to recommend any other remedy than the injection of some very mild astringent fluid, three or four times a-day, into the vagina. Some restraint will thus be placed upon the quantity of the discharge, and the parts will be kept clean by it.

Pessaries are useless; for the vagina is already so filled, that nothing more can be retained in it.

There is an extreme degree of the disease, where the uterus (previously inverted) falls out of the body, drawing down with it the vagina; and where the woman is every day becoming more and more weak from the quantity of the discharge. If this case is left to itself, the woman either drags on a miserable existence for a number of years, or her life is cut short by the constant drain.

Cases of this kind can receive very little benefit from external applications; and it is obvious that nothing is to be expected from internal medicines. Powdered chalk, or lapis calaminaris sprinkled upon the part, may check the discharge a little; the

oxide of zinc may in some measure abate its quantity, but it will not remove it altogether: and the same observation will apply to astringent applications generally. Besides, it is to be recollected, that the uterus is an organ supplied with blood most amply, by a double set of vessels; and therefore it deserves consideration how far a discharge, which has subsisted for some time, can be stopped without injury to the viscus which secretes it, and to which the usual determination of blood continues to be made. However, it may be considered more prudent, if the discharge diminishes in consequence of such applications, to persevere with them, rather than to risk any danger which may arise from an operation. In those cases of inversion of the uterus, where the woman has passed the menstruating age, where her comfort is destroyed by the disease, and where the profuseness of the discharge threatens her with death, from the debility which it produces; it may be advisable to recommend the performance of an operation, which has been attended with success, and from which the author has known a patient recover after she had attained the age of sixty:—this operation is the removal of the inverted uterus itself.

When the uterus has been inverted many years, the ovaria and the fallopian tubes, which are inclosed in it, become consolidated with it, (perhaps by inflammation having taken place) and the operation becomes less hazardous, because the cavity of the abdomen is not exposed. How far it may be right to resort to this operation during the menstruating part of a woman's life, the author has no means of judging.

Cases are upon record, where the removal of the uterus has been performed with safety. Ambrose Paré* relates a case, where he, with Mauriceau and another surgeon, cut away the womb of a woman thirty years of age, who survived the operation; but she died of a pleurisy three months afterwards. There could be no doubt that the tumour which was removed was the uterus; for the ovarium was removed also, and upon opening the body after death no uterus was found. This case occurring during the menstruating part of the woman's life, shews that the operation may be done with impunity; unless it be considered that the woman would not have had the inflammatory attack if she had continued to menstruate.

The following case occurred to the author some years ago:

A poor woman, sixty years of age, complained of a tumour which hung down from the external parts between her thighs, attended by a discharge of mucus and of pus, so profuse in quantity as to make her exceedingly weak. Upon an examina-

* Lib. xxiv. cap. 42.

tion of the tumour, it appeared to be an inverted uterus, the whole surface of which was in a state of ulceration. Above this tumour was the vagina, also inverted, having partial ulcerations upon it. The circumstances in life of the patient obliged her to apply to a dispensary for relief: her sufferings, although not acute, were sufficient to interfere with her comfort; and her increasing weakness made her readily consent to the performance of an operation for the removal of them, which was performed by Mr. Chevalier, surgeon to the Westminster General Dispensary. A ligature was applied round the contracted part of the tumour; that is, where the uterus terminated and the vagina began. It was tightened daily until about the eleventh or twelfth day, when the parts included in the ligature were absorbed, and the uterus fell off. During this time the patient complained of very little pain. Adhesions had taken place between the sides of the vagina, so as to prevent the exposure of the cavity of the abdomen; and the woman recovered. After an operation of this kind, the vagina should be returned to its natural situation, and it should be kept there by a hollow globular pessary. In all probability this support will be required during the remainder of the patient's life, as the vagina may otherwise fall down and project between the labia.

CHAPTER XI.

On Mucous Discharge produced by an increased Determination of Blood to the Sexual Organs.

The diseases which have been hitherto described, and of which an increased mucous discharge is symptomatic, are to be considered as consisting of the displacement of certain parts. But these diseases are not the only causes of such discharges; for if an increased determination of blood is made to these parts, from any natural or morbid cause, an increased secretion of mucus will be produced by it.

Those diseases which produce an increased determination of blood to the sexual organs of females, or parts in their vicinity, will be next considered.

HEMORRHOIDS, OR PILES.

This disease is a dilatation of the hemorrhoidal veins, and is exceedingly common in both sexes; but more so in women than in men; and it becomes a source of great inconvenience to both.

Hemorrhoidal tumours are sometimes contained within the gut; at others they project from the anus: the first are called internal, the last, external piles. Piles, when external, increase very rapidly in size, in consequence of the contraction of the sphincter ani upon the trunk of the vessels; and if the coats of the vessels do not inflame from distention (a circumstance which frequently happens), the circulation in the vein being arrested, the blood contained in them coagulates, forming those indolent tumours often found round the verge of the anus.

Sometimes the size of hemorrhoidal tumours is quickly diminished by the rupture of their coats, and the escape of their contents; and in this way inflammation is prevented or cured. The quantity of blood lost upon these occasions is sometimes so considerable as to weaken very much. Nevertheless, upon the cessation of these discharges of blood, which sometimes become habitual, diseases of the neighbouring parts or of the constitution arise, which prove of difficult management, and perhaps do not yield till the hemorrhoidal veins again pour out their blood. In some constitutions there has been remarked a regularity of interval between these discharges. When hemorrhoidal tumours become external, ulceration frequently takes place upon the surface of them, and they discharge a puriform fluid.

Upon inspecting these sores, they resemble in appearance those of a venereal kind; and as they may be such, practitioners should be very guarded in their prognostic till they are certain.

Similar sores are also observed upon the sides of the anus, to the distance of two inches or more; and they likewise are formed sometimes within the labia.*

Patients who have been exposed at any part of their lives to the cause of veneral disease, are very apt to fear that their complaints originate in such diseases; whilst the more virtuous, but suspicious woman, may be led to attribute her disease to the inconstancy of her husband. It is to be lamented, that many well-meaning practitioners are themselves too apt to fall into a habit of considering almost every discharge from the neighbourhood of the sexual organs to be of a specific nature, and every ulcer near these parts to require the use of mercury. But it is degrading to an honourable profession to witness the infamous attempts made to impose upon the unwary and credulous, by describing in the public prints diseases as the effects of vicious propensities, which spring from causes to which all are equally exposed. The authors of such impositions make it an invariable rule to call every complaint about which they are consulted venereal, or to give an opinion couched in obscure or unintelligible language, in order to intimidate those who consult them. Such persons would do well to heed the observations of the excellent Sydenham, who, speaking of those who think that the venereal disease ought not to be cured, in order that others may be deterred from falling into the cause of it, says: "His ego non assentior, utpote qui existimem nullum fere locum charitati atque operæ mutuæ relictum iri nisi ea quæ sibi suâ ipsorum culpâ improvidi accersunt mala humaniorum officiis sarciantur. Omnipotentis Dei est sontes castigare, nostrum vero miseris pro virili succurrere atque ægris opem ferre, non autem *curiosa causarum indagatione* illos acrius urgere, aut censorio vexare fastu."—Sydenham. Epistola respons. 2da de Morbo Venereali.

The ulcers on the outside of the anus resemble venereal sores; for the cellular membrane is absorbed more quickly than the skin, which gives an appearance of high edges to them. They also become very difficult to heal: but these ulcerations differ from venereal sores, in not having their surfaces covered with that thick yellow film which is met with in chancres; and although the sores do sometimes run into each other, yet they do

* "Tertium autem ani vitium est, ora venarum tanquam capitulis quibusdam turgentia quæ sæpe sanguinem fundunt. Αἱμορροΐδας Græci vocant. Idque etiam in ore vulvæ fœminarum incidere consuevit."—Celsus, lib. vi. cap. 18

not spread with the same rapidity as chancres. Besides, chancres will heal by the use of mercury: This will rather be injurious in the other ulcer, which will heal by the application of simple stimulants, such as solutions of sulphate of copper or of nitrate of silver.

A discharge of mucus from the vagina is a concomitant symptom of the piles; for the internal iliac artery supplies both the hemorrhoidal vessels and those about the vagina with blood; and it will be found difficult to restrain this discharge whilst the hemorrhoidal tumours continue.

The labia and the nymphæ are also apt to be more swelled, from their vessels being distended.

Women who have been frequently pregnant, and whose bowels are disposed to be constipated, are most liable to this disease.

The surface of the piles being covered with the internal membrane of the rectum, such tumours are at first very irritable and tender: by degrees, however, from exposure to the air and to pressure, this irritability goes off.

The treatment of this disease depends upon the accompanying symptoms, upon the state of the tumour, and the cause which induces it. If the disease should arise in a plethoric habit, and if blood should occasionally escape, it will be right to weigh whether the patient will suffer more by the continuance of the disease, or by putting a stop to the evacuation of blood. In such habits the discharge answers a salutary purpose; and whilst it is kept within moderate limits, it may be suffered to go on; but if its profuseness should induce debility, astringents and pressure may be safely applied.

In all cases of the disease, but especially where the vessels of the system are too full of blood, the bowels should be kept open; and this should be effected by those purgatives which do not stimulate the lower part of the intestinal canal:—all the class of resinous purgatives should be avoided. Expressed oils and manna will be found most serviceable. Sulphur is also by many considered to be useful in these cases. Sublimed sulphur may be given in the form of electuary mixed with honey, or the sulphur præcipitatum may be taken in milk. The only objection to its use is the smell attending it.

Although a confined state of the bowels is injurious, active purging is not required, but proves detrimental.

Cold applied to the anus is useful, and the size of the tumour will be diminished by it. Cold spring water may be applied by means of a sponge, or powdered ice may be applied between folds of linen. These applications may be repeated often in the day.

Solutions of astringent substances will, by producing contraction of the coats of the veins, be likewise beneficially employed.

If external piles become painful, they should be returned within the anus by careful pressure, and some cold lotion should be applied to the anus, or even thrown up into the rectum, after the reduction of them: this will produce contraction of the distended vessels, by which the blood will be driven out of them; and it will also increase the contraction of the sphincter ani, by which a support will be given to the vessels, and their future descent perhaps prevented.

If inflammation should exist (which will be known by the constancy and the violence of the pain, and perhaps by febrile symptoms), local bleeding will be proper, and this will relieve the symptoms. The blood may be taken away by leeches, or by puncturing the piles with a lancet. If the febrile or inflammatory symptoms should be violent, general bleeding will be proper.

When a tumour in the cavity of the pelvis occasions the disease, the symptoms will continue till the tumour rises into the cavity of the abdomen. If that tumour should be a pregnant uterus, quickening will cure or relieve the patient, when the piles occur in the early part of pregnancy; and labour, when they appear in the more advanced stages. But if the pressure should be caused by any morbid tumour, as the progress of it is very uncertain, as it sometimes proceeds very rapidly and sometimes very slowly, it will be difficult to foretell how long the pressure will continue.

When the hemorrhoidal disease is conquered, the discharge from the vagina will cease; but it will be advisable, during the employment of the measures which have been recommended, to throw cold astringent solutions into the vagina, which may not only restrain the discharge, but, from the vicinity of the parts, may have some influence upon the hemorrhoidal complaint.

In cases where chronic indolent tumours surround the verge of the anus, it is sometimes advantageous to rub them lightly with a mixture consisting of camphor and simple cerate, in the proportion of one part of the former to twenty of the latter, by weight. If they become very troublesome, they may be removed by the knife or by ligature:—the ligature seems least formidable; but it will be found upon employment to be much more painful than the knife, with which the operation is quickly finished. If the extremity of the gut is relaxed, the surfaces to which the tumours were attached may be touched with argentum nitratum. The subsequent inflammation will be useful in producing a thickening of the parts, and an obliteration of the cavities of some small veins, thereby materially assisting in preventing a return of the disease.

CHAPTER XII.

ASCARIDES IN THE RECTUM.

Whoever has attended to the diseases of the sexual organs, must have seen repeated instances of disease in one part producing symptoms in another, which symptoms have been regarded as the primary disease. Mucous discharges from the urethra of men are indicative of disease in the prostate gland and in the testicle; and yet they are sometimes mistaken for, and treated as, a morbid state of the urethra, often with manifest injury to the patient. So, likewise, discharges of mucus from the vagina have been considered as originating in disease of that passage, or of the uterus, when the irritation arising from ascarides in the rectum has produced all the symptoms.

Ascarides are endowed with a power of very rapid motion, and have a pointed extremity, which is nearly transparent, with which they probably irritate the sides of the rectum. An extreme and an insufferable itching, almost worse than pain, is occasioned by them.

A larger quantity of blood in the vessels of the neighbouring parts is the effect of being so stimulated; and from the increased circulation arises an increase of secretion.

Ascarides will also travel from the rectum across the perinæum into the vagina, the membrane of which will be itself stimulated by the presence of these animals there.

Some care is required in investigating this case; for both the mucous discharge and the pruritus attend many other complaints, requiring very opposite modes of treatment.

Although children are seldom attacked by mucous discharge from the vagina, yet it sometimes appears, and may depend upon this cause. Irritation in the gums, at the time of dentition, will also excite it.

As the rectum is especially the seat of the ascaris, or threadworm, the complaint may be cured by glysters. These act partly mechanically, by washing out the intestine and so removing them, and partly by being obnoxious to the ascarides. Solutions of bitter substances in water, as decoct. anthemidis, decoct. absinthii, or a mixture of aloës and milk, are found to be useful in removing them; but a strong decoction of the semen santonici is the most efficacious of all the injections in use. With this the rectum should be filled; but the quantity thrown up should never be so great as to produce great distention of its cavity, lest the coats of the bowel being stimulated, it should contract hastily

and expel the glyster, which acts with more certainty if it remains for some time. This operation repeated for a few successive days will seldom fail to remove for a time the ascarides and the symptoms which they produce.

Purgatives employed alone are of little service; but during the use of the glysters they ought to be occasionally exhibited. Those of a stimulating kind should be preferred, as jalap, or scammony with calomel. Generally, no remedies will be required to put an end to the discharge from the vagina, which is merely symptomatic; and when the ascarides are removed from the rectum, the mucous secretion from the vagina will cease.

If the rectum should remain irritable after the removal of the ascarides, it may be tranquillized by the injection of two ounces of decoctum amyli, or decoctum semin. cydonii, with forty or fifty drops of tinctura opii, or by a suppository containing two or three grains of opium mixed with starch.

CHAPTER XIII.

CARCINOMA RECTI.

It has been proposed by Mr. Abernethy, in his Treatise upon Tumours, that those tumours which have been designated "scirrhus," and which have in their more active state been termed "cancer," should be included under the general head of Carcinoma, dividing the stages of the disease into,

1. Carcinoma.
2. Ulcerated Carcinoma.

This he considers to be advisable, because other tumours which are hard, although indolent, have been entitled scirrhus.

To be clear and precise in terms is important in all sciences; but in none more than in physic, which has for its object the preservation of human life. Of less, but still of considerable consequence, is the soothing the minds of those who are afflicted with disease. All tumours which have the character of hardness have been called scirrhus, and scirrhus has been considered as the forerunner and first stage of cancer. But many tumours which are scirrhous, that is to say hard, have no disposition to acquire an ulcerating state, or at least have that disposition only in a trifling degree. It is the intention here to follow the distinction above alluded to, and to consider the first stage of cancer, under the head of Carcinoma.

Carcinoma recti is not a disease of frequent occurrence; but as it sometimes happens, and as in some of its symptoms and in its termination it resembles carcinoma uteri, it deserves a place here, being attended by a mucous discharge from the vagina.

The lower part of the rectum being of a more glandular structure than some other parts of the intestines, renders it perhaps more liable to this disease than they are.* The whole circumference of the gut is most commonly affected; and the parts becoming thickened in consequence of the disease, the capacity of the canal is diminished, and the passage of the fæces through it is impeded. The resistance produced by this cause makes the discharge of the fæces very painful: and as piles are a very common disease, and are generally supposed by patients to be the cause of any pain or difficulty in voiding the fæces, this complaint has been mistaken for them, and the patient has suffered the inconvenience without being aware of any danger.

In consequence of this narrowness and obstruction in the rec-

* Vide Dr. Baillie's Morbid Anatomy.

tum, the colon becomes gradually more and more distended; and upon an inspection of the body after death, it has been found to contain several pints of fluid, resembling a mixture of fæces and water.

This disease has also been mistaken for stricture of the rectum; and the patient has been much injured by the mode of treatment pursued in that disease, and her death has been accelerated. Bougies introduced into the constricted part have produced a great degree of inflammation in the neighbourhood; and thus, by adding to the thickening of the gut, increased the symptoms which they were intended to alleviate.

The pain attending the complaint is of the darting or lancinating kind; and being referred to the neighbourhood of the uterus, has led to a supposition that the uterus was the diseased part. This error with regard to the seat of the complaint, if its true nature is understood, is not very important; because, whether the complaint is in one viscus or the other, the principles upon which it is to be treated are the same.

In carcinoma of the rectum the pain will be greatly increased by the passage of the fæces, and the pain will be such as the patient would feel upon the rough handling of any external tumour of a similar character; whereas in the common stricture of the rectum, although there may be pain, it will be by no means so acute, being occasioned merely by the resistance offered to the passage of the contents of the gut.

In carcinoma of the rectum, acute pain is occasionally felt when no endeavour is made to expel. In stricture of the rectum, the pain is felt only at this time, or for a short time afterwards.

The constitution also is more likely to be affected in carcinoma than in stricture of the rectum; and the sympathies between the part diseased and other parts will be more likely to be excited in carcinoma than in stricture.

The hemorrhoidal veins are apt to become enlarged, and sometimes to bleed. The bleeding may have some effect in retarding the progress of the complaint. Small œdematous tumours about the anus are also very liable to be formed; but both of these symptoms are likely to be met with in other diseases.

When the uses of the rectum are considered, and its liability to be stimulated, it will appear probable that carcinoma of the rectum will advance with greater rapidity to the more active stages of the disease, than when it attacks parts less exposed to pressure or disturbance; but upon this subject it will be difficult to form any precise opinion, because it is impossible to know how long the disease may have existed before the practitioner was consulted; and it frequently happens that he is not consulted at

all until the inflammatory action has commenced, which attends the conversion of the complaint into the ulcerated state. Moreover, the disease not being frequent, opportunities of collecting information respecting it will not often occur.

That the mesenteric glands are affected in the latter stages, may be learned from writers on morbid anatomy. Dr. Baillie states, that when a portion of the intestinal canal becomes cancerous, some of the absorbent glands in the mesentery also become affected with the same disease, in consequence of the matter of cancer being conveyed to them by the absorbent vessels. This explains the great emaciation which commonly attends the disease. The mere irritation and pain, and the quantity of the mucous discharge from the vagina, during the first stage of this disease, may in some measure account for it; but if the parts concerned in the conveyance of the chyle into the blood have their structure likewise altered, it is reasonable to expect that the emaciation and loss of strength will be more quickly produced.

An opportunity has never occurred to the author of examining the body of a patient in the first stage of the complaint, before ulceration has commenced; but as absorbent glands in the vicinity of carcinoma in other parts of the body, occasionally appear to enlarge before matter forms, and consequently before it can be absorbed, it is probable that they may do so here, and the mesenteric glands may have undergone an alteration in the early stages of the disease.

Few other symptoms attend this disease; and this state of things may continue for a long period, under proper management, producing no symptoms of a more alarming nature.

When the disease becomes cancerous, the symptoms begin to be more formidable, the mucous discharge is converted into one of a purulent kind; but the history and treatment of this stage will be considered under the head of Purulent Discharges. It may here however be remarked, that occasionally in the ulcerated stage a communication is made between the rectum and the vagina, in consequence of the destruction of the parts which naturally separate these cavities from each other; that the pain becomes more acute; that the stomach is apt to be affected with vomiting; and that hectic fever sometimes supervenes.

TREATMENT.

When, in the latter part of the preceding section, the term "proper management" was used, it was by no means intended to convey a notion, that the complaint would be cured; for carcinoma does not admit of this by any medical treatment. That

species of tumour which is found to degenerate into cancer, can be removed only by the excision of the part. Even when this operation is resorted to, it is doubtful whether much benefit is often obtained; since the part where the incision was made, or parts in the neighbourhood, are very apt to continue the disease. Admitting, however, the utility of the operation where the disease is seated in other parts of the body, it must be wholly inapplicable in this part. As the disease does not admit of cure, it is of great importance that no injury should be done by unnecessary interference or irritation: the endeavour to do much in such cases is worse than doing nothing.

To look on and to watch a disease, to know when to assist nature in her operations and when to do nothing, are among the greatest qualifications of practical men, and the lot of but few: and it should never be forgotten, that the natural resources of the constitution are equal to a great deal, if they are not interrupted by the interference of art.

Perhaps in other parts of the body, when tumours of this description arise, and when it is not thought right to remove them by operation, on account of the age of the patient, of the state of the constitution being unfavourable to the healing of the wound, or because glands in the neighbourhood are diseased, the most simple applications are the best.

Stimulating applications, to promote absorption of such tumours, should never be employed; as they produce no good effect, and may do irreparable mischief.

All plaisters which adhere strongly to the surface of the skin, notwithstanding that the ingredients of which they may be composed are of a sedative nature, should be avoided; for by the warmth which they produce they may be injurious, and in the removal of them the skin may be injured and a breach of surface produced. Thus any good effect which might have been expected from their sedative quality will be defeated. As a defence against external injuries, when the skin is very tender, the common soap plaister, spread upon thin linen, may be applied; and whilst care is taken to prevent the part from suffering by any improper exposure to cold, it should also be a particular object of regard, that it should not be kept too warm.

Most patients who consult medical men on account of diseased tumours have applied flannel to the part, "in order to keep the cold from them." The practitioner should endeavour to explain to the patient the erroneous principle of her conduct, and advise her equally to avoid the extremes of heat and cold.

Another object of importance is to prevent the unnecessary action of those parts near which the disease is situated. Thus, if a tumour should form in the breast, the arm of that side should

be kept as quiet as possible, lest the exercise of it should produce a larger determination of blood to the disease, as well as render it more liable to be injured.

It is well deserving of inquiry, how far pressure made upon vessels carrying lymph or blood has a tendency to produce and increase the size of carcinomatous tumours. It cannot be unsafe to caution a woman labouring under carcinoma of the breast, to let her dress make no pressure on the shoulder, but particularly on the axilla of the side diseased. It is found to be advantageous in retarding the growth of carcinomatous tumours, to apply leeches often to the surface of them, if the tumour is not very near to the surface of the body. Such a mode of treatment is very serviceable, by emptying the blood-vessels, and diminishing any increased action in the vessels of the part. But when the tumour lies very near to the surface, more harm than good has been done by the application of leeches; for the coagulum of blood which is always left in the opening formed by the mouth of the leech, sometimes irritates the parts and produces itching, which the patient endeavours to appease by rubbing: this excites great superficial inflammation, which cannot but be hurtful.

Whenever a carcinomatous tumour becomes so large as to stretch the skin covering it so as to make it appear glossy, the application of leeches will always be improper; because a breach of surface once made, may not heal again. If in such a case the application of leeches should be thought advisable, they should be placed on the outside of the circumference of the tumour, where no such effect will be produced upon the skin; and when this is attended to, they will be nearly as efficacious in diminishing the fulness of the tumour, by emptying the supplying vessels, as if applied upon the tumour.

In some carcinomatous tumours of the breast, there are points elevated above the plane of the tumour, which put the skin covering them much upon the stretch, and which projecting points at length occasion absorption of the skin lying over them. Every remedy therefore which tends to relax the neighbouring skin may be usefully employed. To prevent the conversion of carcinoma into the ulcerated state ought to be the especial care of a practitioner.

In those cases where the tumour lies near the surface of the body, there is a state intermediate between these two stages,—the scabbing stage; and during the continuance of this stage the patient may live for a number of years, perhaps with less inconvenience and pain than that which was suffered during the latter part of the carcinomatous stage.

After the skin has been very much stretched it often gives way, and a portion of the tumour is exposed: from this portion

small oozing of serous matter escapes, and forms a film upon the surface: the aqueous part evaporating, this becomes a scale. This small oozing, if the patient attends to proper rules of diet, will so far relieve the vessels below it, that the sense of pain and of tightness will be greatly mitigated. By degrees, however, the oozing goes on, till that which was a thin scale becomes a scab, the extent of which increases, till at length it covers a great part of the neighbouring sound surface, and even projects very much above the skin. As long as the scab remains attached, the patient's situation is far less dangerous than when a separation of it has taken place.*

During the time of the formation of this scab, any fluid which may be effused should be absorbed, by sprinkling the surface with some light dry powder, such as oatmeal, or a mixture of starch and oxyde of zinc. The part should also be left exposed to the air, in order that evaporation may go on more quickly, and the film harden.

If the fluid poured out can be dried in this way, so as to prevent the escape of it over the neighbouring sound parts, it is preferable to the application of any powder; which, by adding to the weight and thickness of the scab, will render it more liable to be displaced. To prevent the occurrence of this accident, all possible care should be taken. For this purpose, a thin metallic case may be worn over the breast affected, in order to secure it from any injury during the day, and from accidental pressure during the night. Such metallic case should be very thin; and it should be pierced with holes throughout, in order to diminish its weight, and to prevent the retention of the heated air between the breast and itself. It should of course make no pressure upon the scab.

If the height of the scab should render it very liable to be detached, small portions of it may be carefully removed from its upper surface by very gentle means; care being taken not to carry the removal of the dried matter too far.

The author hopes that he shall be excused for this digression from the subject of carcinoma recti. But as external diseases often throw much light on internal complaints, as they are more the objects of the senses, he was led into it, not merely on its own account, but to illustrate a similar disease of parts which are less so.

No intermediate stage is met with between carcinoma and ulcerated carcinoma, when it occurs in internal parts; so that

* A very good account of the scabbing state of this disease is to be met with in a posthumous work of the late Mr. John Howard, surgeon to the Middlesex hospital, edited by Dr. Gower, physician to the same hospital.

when once the inactive state is over, the active state immediately commences, and in many cases quickly destroys the patient.

In treating carcinomatous tumours, every thing should be avoided which can stimulate the diseased part, or increase the force of the circulation. If there should appear to be too great strength of the constitution, or too great vascular action in the part itself, these are to be subdued by the removal of blood from the region of the os sacrum, by cupping-glasses, or by leeches: this should never be omitted; and the operation may be repeated as often as the urgency of the symptoms may demand it. The lancet also may be used, if the symptoms should be violent, and the patient strong. Great attention should likewise be paid to the state of the constitution; and we should be careful whilst pursuing those measures which diminish strength, not to produce the opposite danger of debility. There are very few constitutions which will not bear the loss of a small quantity of blood from small vessels; wherever therefore much pain is present, this should always be had recourse to.

If the hemorrhoidal veins should spontaneously bleed, this may supersede the necessity of taking away blood by artificial means.

Great attention should be paid to the state of the bowels, which should not be suffered to accumulate hard fæces; because in passing they will irritate the diseased part, and cause pain to the patient which might be avoided.

The purgatives adapted to this case are expressed oils, sulphur, and manna: whenever relief can be afforded by these means, they are to be preferred to all others; but if they should not be sufficiently active, some senna may be joined with them, or some saline purgative may be taken separately. The objection to saline purgatives is, that they may irritate the mucous membrane. They have, however the advantage of rendering the motions more fluid.

In whatever part a carcinomatous tumour may be situated, it will be right that the patient should live as much as possible upon vegetable food, it being less nutritious and less stimulating than animal food. It is especially proper when the disease attacks the rectum; such nourishment being most likely to pass readily through the bowels, and to keep them in that open state which is so much to be desired. Fermented liquors, distilled spirits, and spices, will be very injurious: they should therefore be avoided.

From the vicinity of the rectum to the vagina, this latter part should not be subjected to any cause of irritation. And if the patient should be married, she should be cautioned against sex-

ual intercourse. If the lower part of the rectum should be the seat of the disease, the sufferings of the woman upon these occasions would be alone sufficient to deter her from it.

If the bladder should become irritable, the immersion of the hips in tepid water will be found to afford relief. Opium, although so useful in relieving pain, should never be employed except when absolutely necessary, as a time may come when the patient may be indebted to it for all her comfort. It should not therefore be used before it is wanted. It is perhaps the most powerful of all the medicines in use for relieving pain; and when the stomach has been long accustomed to it, will produce but little, and the other milder sedatives, no effect. It also renders the bowels more torpid.

The mucous discharge should by no means be restrained by the use of astringents; because, if suffered to continue, it will retard the progress of the disease. If it should be hastily or incautiously checked, the symptoms will quickly increase, the pain will become very violent, and the disease altogether very sensibly aggravated.

Tepid water may be thrown into the vagina several times a-day, with a female syringe, and the external parts may be frequently washed with it. This will prevent the discharges from becoming irritating, or excoriating the parts over which they run, and the neighbouring parts will be much soothed by it.

The temperature of the water employed should be below that of the body.

When means have been employed to diminish the discharge from the vagina, it is not unusual for the patient immediately to observe an increase in the violence of the symptoms; and this remark leads sometimes to the knowledge of the state of the uterus, or of the neighbouring parts, which might otherwise have escaped observation.

The attention of the practitioner being called to the probability of the existence of some organic disease, he ought to satisfy himself by an examination. Perhaps the disease may be out of reach, either by the rectum or the vagina, and the nature of the complaint may not be ascertained: yet, if upon a return to the use of astringent injections there should be an augmentation of pain, it will be prudent to act as if such disease was known to exist. By such conduct no harm can be done: from the reverse much mischief may ensue.

Women who do not manage the syringe dexterously, sometimes affirm that their complaints have increased after the employment of an injection, even when warm water only has been injected. In such cases it may reasonably be suspected, either

that the instrument employed has been badly constructed, or that the woman has not used sufficient caution in the introduction of it. This should be inquired into; and the practitioner should instruct the patient in the best mode of using it, and not hastily give up a remedy which, if judiciously used, will add much to her comfort.

CHAPTER XIV.

CARCINOMA UTERI.

The disease which has been last described as attacking the rectum, exists much more frequently in the uterus: and although, in the commencement, there will be marks distinguishing the two diseases from each other; yet in the latter stages both are attended by similar symptoms, both commit the same ravages upon the neighbouring parts, and both are equally fatal.

In Dr. Baillie's excellent work on Morbid Anatomy are given three plates: One containing two figures of scirrhous enlargement of the uterus, which disease sometimes acquires a very considerable size, so as to become as large as the uterus at the sixth month; and this (he says) is very little liable to ulcerate. The author has never met with a case in which ulceration has taken place in this kind of tumour: indeed, Dr. Baillie's expression proves that this is very rare. A second, containing two figures of fleshy tubercle of the uterus: and the third plate, containing three engravings of malignant ulcer of the uterus, which always begins at the cervix of the uterus, and which is very fatal.

The author means to include the hard tumour which arises from the cervix of the uterus, and the case where a hard thickening of the cervix of the uterus takes place, (both of which are disposed to ulcerate) under the name of carcinoma uteri.

There is an ulceration of the os uteri of a distinct kind from that just mentioned, although equally fatal. This will be described in a future part of this work, under the head of purulent discharges, by the name of the corroding ulcer of the os uteri.

The cases described by Dr. Baillie under the title of Scirrhus Uteri and Tubercle of the Uterus, the author means to consider together, under that of the Fleshy Tubercle of the Uterus; for the uterus in both has tubercles, either arising from its surface externally or internally, or imbedded in its substance. In both, few except mechanical symptoms, are present: in neither does ulceration take place. In both, the tubercles are found at a distance from the cervix of the uterus, and both sometimes continue for many years without producing much inconvenience.

The principal reason for classing the diseases in this way, is to enable a practitioner to know what to expect from the presence of certain symptoms and certain appearances, and to give such a prognostic as will be likely to be verified.

Carcinoma uteri is far more common than carcinoma recti, and cases of it occur very frequently in practice. Very young

women are seldom the subjects of this disease; but it mostly attacks women of middle age, attended by symptoms which are not very violent at first, but which, as in cases of carcinoma in other parts of the body, become more violent afterwards.

By carcinoma uteri is meant that disease where there is a tumour near to, or a thickening of, the cervix of the uterus, which tumour or thickening are disposed to ulcerate.

This disease attacks only, in the first instance, the cervix of the uterus. All other tumours, although hard in their texture (scirrhous as they have been called,) are of a different character, have different symptoms and terminations. In the dead body they may have some resemblance to carcinoma, but they are never found ulcerated. Inflammation may take place in or near them, and matter may form; but when the first takes place, they suppurate from their centre, and not from their surface; and when they appear to ulcerate upon the surface, it will probably be found that the ulceration is confined to the parts in the immediate neighbourhood, upon which pressure has been made by the tumour itself.

Carcinoma particularly affects glandular parts; and the cervix of the uterus being the most glandular part of it, is probably the reason why it becomes more liable to this disease than any other part of this viscus.*

When carcinomatous tumours are cut through with a knife, they offer a good deal of resistance, and appear sometimes as hard as cartilage. The cut surface presents an appearance of white lines, which run pretty regularly with regard to each other, but the directions of which vary according to the shape of the tumour.†

Tumours with irregular surfaces are often liable to become active: but all tumours having unequal surfaces are not necessarily of this kind; and certainly are not, when distant from the cervix of the uterus. The fleshy tubercle of the uterus has not uncommonly a ragged surface; but this tumour never ulcerates.

Tumours of a large size have frequently been called scirrhous, because they are hard in their texture; but the true carcinoma seldom becomes very large. In the collection belonging to Dr. Clarke and the author there is a tumour of the uterus of a very hard structure, which weighed fourteen pounds;‡ but such tu-

* "Etsi cancer etiam ipsi uteri substantiæ accidere potest, tamen hoc rarius accidit, et vix tum satis cognoscitur, multo minus curatur; frequenter vero in cervice uteri generatur, quâpropter hoc loco de eo agemus: Isque nunc est sine ulcere, nunc exulceratus."—Sennertus, lib. iv. de Morbis Mulierum, cap. 11.

† Vide Dr. Baillie's Morbid Anatomy.

‡ A section of this tumour is preserved in the Museum in Windmill-street.

mours do not possess, even in their advanced stages, the character of cancer; neither are they attended in their early state by the symptoms characterizing carcinoma, nor by those corresponding changes of structure in the neighbouring parts by which that disease is attended.

Two varieties of this disease are to be observed in the early stage.

1. There is a firm tumour, of a rounded form, springing from the surface of the cervix uteri, or imbedded in it, whilst the other parts of the uterus are perfectly healthy, except that its parietes are thickened as the disease advances, and that its cavity becomes larger than that of an healthy unimpregnated uterus.

2. Instead of any distinct tumour, the whole of the cervix of the uterus becomes larger and harder; and if this thickened part is examined by cutting into it, it puts on the same appearance which a regular carcinomatous tumour possesses.

The two cases proceed differently. In addition to the usual symptoms of carcinoma, there will sometimes be found in the first variety of the disease some mechanical symptoms, depending on the pressure made by the tumour upon the neighbouring parts; which symptoms will be more or less severe, according to the size and situation of the tumour itself.

In the second variety of the disease these symptoms do not exist; because the carcinomatous thickening of the cervix uteri rarely acquires a sufficient size to produce them.

In women who live temperately the disease may continue for a long time without producing many symptoms, if any judgment can be formed from the cases of patients who apply for medical aid on account of symptoms under which they have not long laboured. On examination, there is often found in such women a considerable alteration in the structure of the parts, which most probably could not have happened in a short time.

There is reason to believe that carcinomatous tumours make a very rapid progress when any violence has been done to them, as the following case will shew. A woman, about the age of forty, fell into labour: the head of the child presented; and little progress being made, a consultation was thought necessary, and the author was desired to see her. Upon examination, the os uteri was found dilated to the size of a half-crown, the cervix of the uterus was greatly thickened in every part, and felt like cartilage; it was also very tender. Upon inquiry, it appeared that the woman had been liable, during the latter part of her pregnancy, to a profuse discharge of mucus, and to occasional attacks of pain in the lower part of the abdomen. Two days elapsed before the os uteri was completely dilated, and the dilatation was performed with greater pain than usual. The

head of the child at length passed through it. After the labour, the pain and discharge were greatly increased, and the woman died in a few days. Upon examining the cavity of the abdomen after death, the body of the uterus was found contracted as much as it generally is at the same period of time after delivery; but the cervix was very much thickened, and had begun to ulcerate. The parts are preserved in the collection of the author. It is to be presumed, that the disease formed after the commencement of the pregnancy, and that it became more active in consequence of the violence done to it in labour. Comparing this case with others in the progress of which occasional examinations are made, it is probable that it must have proceeded with great rapidity.

A sense of weight in the vagina is a symptom attending all tumours which are moveable in the pelvis, when they have become large. This, however, is so frequently felt on less important occasions, that unless it is accompanied by other symptoms, it is often disregarded.

A mucous discharge from the vagina is a very constant attendant upon the complaint; and by the local evacuation it in some measure checks the progress of it.

This mucous discharge is sometimes tinged with blood, and particularly when the patient indulges in eating and drinking, or where the food taken has been of a stimulating quality. If the woman uses much exercise, pure blood sometimes comes away, and in such large quantity as to produce great weakness, and occasionally fainting. Generally whilst there are discharges of blood in moderate quantity, the tumour remains almost stationary, increasing little in size, and producing little or no uneasiness. The author has seen many instances of women, with a diseased uterus attended by distressing symptoms, who, after having been attacked by large bloody discharges, so as to make them faint, in any other than the horizontal posture, and to bring on general anasarca, have continued free from every symptom of the specific disease for many months. In some instances where the woman has died, it has been from weakness and the dropsical symptoms, and not from the symptoms belonging to the original disease. This is the reason why many cases of menorrhagia ending in dropsy are unmanageable; because they depend upon organic disease of the uterus, which is never perhaps known, or, if known, baffles the art of medicine.

In carcinoma uteri, if menstruation has not ceased, it becomes for the most part irregular, and is more profuse than it ought to be.

The mechanical symptoms produced by tumours in the pelvis sometimes attend carcinoma; but the patient seldom suffers

much from them, since the size of the carcinomatous tumour is not often great enough to cause them. Œdema of the lower extremities sometimes attends; but this is not generally the effect of pressure upon the trunks of the absorbents; for it does not appear until the frame has been much weakened by the long continuance of the disease, and the disposition to anasarca is general.

Difficulty of passing urine rarely occurs in this complaint; but strangury, arising from the consent between the uterus and the bladder, is seldom wanting. In some instances it accompanies the disease from the beginning, but in others it ushers in the symptoms which immediately precede the conversion of the disease into the state of ulceration.

The inner membrane of the bladder is found to secrete, in some cases, a larger quantity of transparent mucus, which comes away with the urine, and falls to the bottom of the urinal.

The seat and the course of the pain, resembling the passage of a calculus from the kidney to the bladder, have led to a mistaken idea of the disease; and in some instances the false opinion has been strengthened by another symptom which attends both diseases; namely, urticaria or nettlerash.

This disease of the skin originates in the presence of acid in the stomach and intestinal canal; and it may be produced by the food taken, by a want of tone in the stomach, a deficiency of the biliary secretion, or sympathy between the uterus and the stomach.

Cardialgia, or heartburn, arising from the same causes, becomes sometimes also very troublesome to the patient.

If the delicacy of the patient should prevent her mentioning the symptoms belonging to the sexual organs, if she objects to an examination, or if the practitioner is content to prescribe for the patient without ascertaining the nature of the disease, it is probable that the medicines will consist of alkalies, bitters, tonics, and aromatics: it is also likely that small doses of mercury may be given, to increase the biliary secretion. Such a mode of practice cannot fail to aggravate the symptoms, and to accelerate the progress of the disease, by increasing the activity and the strength of the circulation.

A woman, about thirty-five years of age, who had experienced for some time constant pain in her groins and a mucous discharge from the vagina, whose stomach was weak, and who was much distressed by hysterical symptoms, consulted a practitioner, who recommended that she should take five grains of pilula hydrargyri at bed-time, and twice in the course of the day a cupfull of chamomile tea. She pursued this plan for more than a fortnight, at the end of which time she became worse; the

discharge increased, and the hysterical feelings were unabated. When the author was consulted, the seat of the disease induced him to make an examination, when there was found a thickened state of the cervix of the uterus, which was tender to the touch. A horizontal posture, the injection of tepid water into the vagina, and small doses of saline purgatives, after some time removed the complaints, which were only symptomatic of the disease of the uterus.

Even in the early stages of this disease the stomach will be liable to be, in some degree, affected; though the more severe affections of this organ do not generally attack the patient till the ulcerating stage has commenced. The stomach is much more disposed to be affected in some cases than in others; and a mild degree of the disease will strongly excite the sympathy of the stomach in one patient, whilst in another it will hardly be brought on by the most violent forms of the disorder. As in hernia, so in carcinoma uteri, the sympathetic action is occasionally more distressing than the disease itself.

Upon an examination, if the disease should be carcinoma, the cervix of the uterus will either be found thickened, and with a resisting feel resembling that of gristle, or a distinct tumour will be perceived arising from some part of the cervix uteri, the other parts remaining healthy. In either case, pressure upon the diseased parts produces pain of a lancinating kind.

The os uteri will be found also to have undergone a change. It becomes larger than natural, still however retaining its original shape. This open or gaping state of the os uteri sometimes is sufficient to admit the extremity of a finger, which, when introduced into it, feels as if surrounded by a firm ring. The parts will sometimes have undergone all the changes of structure above related, when no local symptoms have been apparent, and when the disease has only been ascertained by an examination, suggested by the failure of remedies in relieving the supposed disease of the stomach or kidney.

It is unusual for patients to be cut off during the carcinomatous state of the disease: when, however, this does happen, it is from the excessive discharges of blood bringing on a dangerous degree of debility.

CHAPTER XV.

Treatment of Carcinoma Uteri.

In the case of patients who labour under this disease, the objects contained in the last chapter are to be constantly kept in view.

There is a disease of importance in an internal part, producing symptoms, some of which are local, whilst others depend upon the sympathy between the part affected and parts at a distance. These symptoms are not all dangerous, but they are very distressing to the patient.

This local disease may remain stationary, or it may have its symptoms alleviated, so that the patient's life may be prolonged and her comforts increased; or it may be converted into another form, in which the constitution may be affected, either by the absorption of matter, or by an extension of the disease to neighbouring parts, in which case all the original symptoms will be aggravated, and many new and dangerous symptoms will be produced.

Much regard is likewise to be paid to the constitution of the patient in the management of this complaint. If the system is plethoric, some blood should be taken from the arm, the quantity being regulated by the circumstances existing at the time. This is done to diminish the force and the frequency of the circulation. Sennertus recommends bleeding in this case, but for another reason: "Nimirum si sanguis simul peccat, is cum ex venâ in cubito, tum in crure et pede, apertâ evacuandus."—Sennertus, de Uteri Scirrho et Cancro.

Blood may also be taken away from the hypogastric region or from the loins, by cupping or by leeches; and from time to time, upon any increase of uneasiness, this operation should be resorted to; since the most watchful attention must be given to this disease, when it is proved to exist, as long as the woman lives.

The relief produced by topical blood-letting is great, and often immediately felt: blood is generally procured more easily when the cupping-glasses are applied to the back, than when they are placed upon the abdomen.

Purging is of essential service, and should never be omitted. For this purpose some saline purgatives should be chosen; as magnesiæ sulphas, potassæ tartras, sodæ sulphas, or soda tartarizata. Whichsoever of these may be employed, it should be dissolved in a large quantity of some watery menstruum; and

by means of it a permanent increased secretion from the intestinal glands should be kept up.

When saline purgatives do not agree with the stomach, but excite vomiting, an additional quantity of acid may be given with them: thus, to a dose of sulphate of magnesia, eight or ten drops of diluted sulphuric acid may be added with advantage.*

No attempt should be made to stop the mucous discharge; but if it should be secreted in large quantity, it should be frequently washed away, by injecting tepid water into the vagina. The heat of the water should be accurately regulated: if it is employed too cold, the secretion from the parts will be greatly checked by it; and if too hot, increased action of the local vessels will be excited. The temperature may vary from eighty-six to ninety-four degrees of Fahrenheit, according to the sensations of the patient. The frequent ablution of the parts renders it less necessary for the woman to take any precautions for absorbing the discharge, which generally tend to heat the parts, and must be hurtful. The water should be injected by a female syringe several times in a day. If the woman continues to menstruate, the temperature of the water should be nearly that of the body at the periods of the discharge, lest it should be checked.

The woman should be clothed warmly: First, because if there is much blood upon the surface, less will circulate in the interior of the body: and Secondly, because the chance of inflammatory action being produced, by any sudden change of temperature to which the body may be exposed, will be diminished, and the uterus will be less likely to suffer. Every day's experience presents instances of visceral diseases being produced by cold in the first instance; and many cases occur where this cause will reproduce the symptoms, after they have been for a considerable time quiescent.

All local stimuli should of course be avoided. The sexual intercourse must therefore be improper.

The necessity for abstemiousness in diet should be strongly inculcated: no animal food should be allowed; fish, however, is less objectionable than any other. No wine or spices should be mixed with the food, which should be as plain and as little heating as possible.

The quantity of the food taken should be moderate; lest, not being digested, it should disturb the functions of the alimentary canal, and become the cause of fever; or lest, being digested, it should add to the quantity of blood, and improperly increase the vigour of the system.

* Sodæ phosphas, first recommended by Dr. George Pearson, (being nearly tasteless) is a useful medicine in cases where other saline purgatives would be rejected.

It has been observed above, that urticaria is not an uncommon attendant upon this disease, from the sympathy between the uterus and the stomach. Whenever there is a disposition to this complaint, it will be increased by vegetable matter taken into the stomach.

Urticaria very often excites great irritation in the system, and increases the frequency of the pulse; on both of which accounts measures should be taken to relieve it. External applications do no good: the author has seen sedative lotions used without any effect, and unctuous applications rather increase than diminish the irritation. All those internal medicines which have the character of cooling and allaying irritability, will be found to be injurious, or at least inefficacious: such are nitre, saline draughts, antimony, saline purgatives, and opium.

The patient should by no means be kept in bed.

The mode of treating the case is to empty the bowels by a purgative of rhubarb, carbonate of magnesia, compound spirit of ammonia, and peppermint water. Afterwards, some light bitter infusion should be given, three times in twenty-four hours, as infusum gentianæ comp., infusum calumbæ, or infusum humuli. To any of these may be added a few grains of subcarbonate of soda or of potash, and a drachm or two of some aromatic water.

If a constipated state of bowels should render any farther opening medicine necessary, some magnesia may be added to each draught.

Water containing supercarbonate of soda may be given as common beverage with great advantage. During the continuance of this plan, the quality of the food must be a little changed. Very small quantities of animal food may be allowed once a day; and nothing should be taken into the stomach which is likely to run into the acetous fermentation.—The following case will shew the necessity of attending to the state of the stomach, in diseases of the uterus which are disposed to become active.

An unmarried lady, about thirty years of age, had an enlarged uterus, in which, at different times, inflammation had taken place, which was subdued by local bleeding, purging, abstemiousness, and quiet. Some time after she had pursued this plan in the country, she came to the house of her father in London, and was attacked with cardialgia and urticaria to a very great degree. The skin in many parts of the body was attacked by the latter disease, but especially the face and the lower part of the abdomen. Considerable itching was present, accompanied by irritability of the whole system. The disease of the uterus also, which had been in a quiet state during several months, returned with great violence. Local bleeding in some degree lessened the pain: purging with neutral salts increased the urtica-

ria. Nearly all vegetable food was abstained from: she took nothing but soda water and mint tea for beverage, with a little thin dry toast for food. Once in four hours a draught was exhibited, consisting of carbonate of magnesia, compound spirit of ammonia, and an infusion of dill seed. Under this plan all the symptoms subsided, and uterine disease at that time gave no farther alarm.

For some months this lady continued well; but having at supper eaten freely of fruit pye, and drunk at the same time some sweet wine, the urticaria returned in the night, and with it the pain in the region of the uterus. Some bitter infusion, with rhubarb and volatile alkali, was now given, and soda water for common drink; and again all was put to rights. She now carefully avoids such food as is likely readily to ferment; and, watching the first attack of heartburn, has not for some time been visited by her troublesome complaint.

If discharges of blood should take place, the patient should be kept in a horizontal posture, and the case should be attentively watched. If the quantity of the discharge should be moderate, it should be recollected that it is the effect of the increased action, and fulness of the vessels of the neighbouring parts, which may be carried off by it: it ought not therefore to be hastily checked. But if the quantity of blood lost should be so considerable as to be immediately hazardous, or to lay the foundation of future danger, it should be restrained by the usual means employed for the restriction of hemorrhage; such as the application of cold and local astringents to the parts.

In the management of carcinoma uteri, the observation and regulation of the discharges which come away in the course of it require great attention.

Iron has been recommended by some practitioners as a remedy for this disease; but the author has not seen any good effects produced by its use. In some hard scrofulous tumours, and also in some foul ulcerations of the skin supposed to be cancerous, it has been useful; but in carcinoma it is very doubtful whether its exhibition has ever been productive of advantage. When the author has given this medicine, or seen it exhibited by the direction of others, in cases of carcinoma, it has produced injurious effects, by increasing pain, and in some instances the quantity of bloody discharge: the preparations used were the ferri carbonas, ferrum ammoniatum, and the tinctura ferri muriatis.

In treating this disease, as no cure is known for it, the practitioner must be satisfied with palliatives, and not be anxious to restore the vigour of the body, which might aggravate the disease again.

CHAPTER XVI.

POLYPUS OF THE UTERUS.

In the disease which is next to be considered, the symptoms are of a mixed kind; such as would be naturally expected to arise out of the circumstance of both the uterus and the vagina being affected by it. The uterus gives rise to the tumour, which descends into the vagina, and there excites irritation, as well as all the other inconveniences which an extraneous body placed in the same situation would produce. Polypous tumours have been known to arise from all the cavities of the body which have external openings, although some of these cavities are more liable to them than others. The most usual seat of polypous tumours is the cavity of the nostrils, where, before they have acquired a large size, they will greatly impede the respiration, and after some time they will cause a great alteration in the appearance of the face; for the cartilages of the nostrils will be much distended, and sometimes the ossa nasi themselves displaced by them.

Polypus of the uterus is an insensible tumour attached to the internal part of this viscus by a small neck, forming a disease of a very important character.

These tumours are various, as to their appearance, shape, and degree of hardness. They are sometimes nearly white, at other times of a brown colour: they are sometimes very hard and resisting, in other cases so soft and yielding that they will not admit of the application of a ligature without breaking to pieces. Polypi of a hard kind will in some cases take on the form of the parts in which they lie: in the upper part of the nostrils, therefore, they are flattened; when they descend as far as the cartilaginous part of the nose, (less restraint being laid upon them) their diameter is increased. In polypus of the uterus, the neck of the tumour, which is surrounded by the os uteri, is contracted; it spreads out below, because it has sufficient space for enlargement in the yielding vagina.—In the preparation from which the engraving of this disease is taken, a longitudinal indentation may be observed, the effect probably of the pressure which the meatus urinarius made upon the anterior part of it.

The soft polypus is by no means so frequent as the hard kind. The following case will demonstrate its very yielding nature.

A woman between the age of sixty and seventy laboured under all the symptoms of polypus of the uterus; and upon exam-

ination a polypus in the vagina was detected, as large as a small orange, which, by the discharge occasioned by it, had produced great weakness. The operation was recommended, and was readily consented to. The author passed a ligature into the vagina by means of a brass rod; but upon attempting to carry it round the neck of the tumour, a small piece of the tumour came away. In different attempts the same thing happened. At length it was found to be impossible, from the tenderness of the tumour, to apply the ligature. By means of a finger, the tumour was brought away from the vagina, and upon examination it had much the appearance and texture of the cerebellum.—The preparation is preserved in the author's collection.

Single and married women are subject to polypus of the uterus.

If a section is made of a polypous tumour, the appearance of the cut surface does not differ from that of the exterior of the tumour. When a polypous tumour has acquired such a size as to fill the cavity of the uterus, the os uteri begins to dilate, so as to permit the descent of the tumour into the larger cavity of the vagina below.—The author has in his possession a polypous tumour which resembles in size the cavity of the unimpregnated uterus (of course a very small one), which nevertheless produced symptoms of great uterine irritation. These went off upon the removal of the tumour by the finger.

A polypus sometimes increases in bulk very slowly. The author had opportunities, in the course of several weeks, of examining the polypus last mentioned, which during that period had received very little addition to its size. In some cases, the cavity of the uterus will be greatly distended by the tumour, before the dilatation of the os uteri takes place. The tumour in some instances becomes so large as to fill the cavity of the pelvis: it is generally of a rounded form; but sometimes it is elongated, or flattened. In one case which the author met with, the tumour was an inch and a half long, but the breadth of it did not exceed one-third of an inch.—The preparation is preserved.

Nothing certain is known respecting the cause of these tumours: they arise sometimes in women otherwise healthy, whose uterus has suffered no violence.

The symptoms which attend the disease are, first, a mucous discharge in considerable quantity, mixed at different times with blood; and in some instances the constitution becomes debilitated to an extreme degree by this symptom, before there is the least suspicion respecting the cause of it. Sometimes, instead of the mucous discharge being mixed with blood, large coagula of blood will be voided; and sometimes pieces of a ring-like form come away, produced by a small quantity of blood attaching itself to the surface of the tumour, and there coagulating; it at

length slides off, and comes away. In other instances, the blood poured out becomes putrid in the vagina, and tinges the discharges of a brown colour, rendering them at the same time very offensive. This fœtor of the discharges induces in the mind of the patient, and sometimes of the practitioner, a belief that the disease is cancer; and this opinion is confirmed by the sickness which generally attends the disease.

The discharges from cancerous sores are fœtid, if great attention is not paid to cleanliness: but fœtor of the discharge is by no means peculiar to cancer; for whenever blood is retained and becomes putrid, this circumstance must attend: and if such rings of blood form upon the surface of polypous tumours, as have been alluded to above, there will be a difficulty in their sliding over the lower part of the tumour, because it is generally larger than the upper part, or that nearest to its neck. In this manner may be explained probably the reason why the discharges are so generally and necessarily offensive in this disease.*

A sense of pressure and of bearing down are also found in this complaint; and these symptoms are proportioned in degree to the size and weight of the tumour. Pain is likewise referred to the back and groins.

If the tumour should be large enough to fill the cavity of the pelvis, it may, by pressing upon the rectum and upon the meatus urinarius, prevent both the free evacuation of fæces and of urine. Such cases are, however, uncommon. It more frequently happens that strangury attends the complaint, from the sympathy between the os uteri and the bladder.

The sympathy between the stomach and the uterus is sometimes excited, and frequent vomitings distress the patient exceedingly.

Here then, from one cause, are three symptoms producing great weakness; an increased secretion of mucus, hemorrhage, and vomiting, with derangement of the digestive powers, by which alone the strength can be recruited.

But the true character of the disease can only be ascertained by an examination. This will discover an insensible tumour projecting through the os uteri, by which its neck is entirely encircled, so that the finger can be completely passed round it.

The only diseases which can be mistaken for polypus are an

* "Quid tibi vis, mulier nigris dignissima barris?
Munera cur mihi, quidve tabellas
Mittis, nec firmo juveni, neque naris obesæ?
Namque sagacius unus odoror,
Polypus, an gravis hirsutis cubet hircus in alis,
Quam canis acer, ubi lateat sus."—Hor. lib. v. Carm. 12.

inverted uterus, and the cauliflower excrescence of the os uteri. The history of the case from its commencement, and the insensibility of polypus, will distinguish it from the first: besides which, unless the uterus is only partially inverted, (a very rare occurrence) the tumour will not be encircled by the os uteri. The irregularity of the surface of the cauliflower excrescence, the circumstance of its originating from the substance of the os uteri, with a broad base, and not coming through it, and the watery discharge which attends this disease, will prevent the practitioner from confounding it with polypus.

There is, however, a tumour which has been looked upon and treated as polypus, which ought to be distinguished from it, on account of the prognostic to be given respecting its termination, and also because it does not admit of the same successful mode of treatment as polypus.

This disease consists of a tumour, which is insensible, which has an unequal ragged surface, which comes down from the cavity of the uterus into the vagina, surrounded by the os uteri, and without a narrow neck.

Upon an accurate examination, this tumour is found to be made up of a number of irregular portions, which lie parallel with each other.

All the symptoms of polypus uteri attend this complaint, and at length will end in the destruction of the patient. In this disease the uterus undergoes a great degree of enlargement, and its muscular sides become greatly thickened; a change not usual in polypus, even when it is of a very large size.

In an exceedingly good work upon the subject of polypus of the uterus, written by M. Herbiniaux, a surgeon at Brussels, published in 1782,* an account is given of this disease, (which had been mentioned before by Levret) in the Mémoires de l'Académie.†

* Traité sur les Polypes de la Matrice.

† "Il nait quelquefois, tant dans la matrice que dans le vagin, des excrescences que M. Levret appelle Vivaces, qui ne doivent pas être confondues avec les polypes, puisqu'elles ne sont recouvertes d'aucune membrane, et qu'elles n'ont qu'un pédicule imparfait. Ces sont des espèces de champignons plus ou moins gros qui naissent a des points variqueux ou ulcérées dans ces organes, et dont la cause primitive les rend ordinairement incurables. M. Levret dit même, que comme il est presque impossible de parvenir à en détruire la cause immédiate, c'est peine inutile de travailler à les retrancher. Je suis assez de cet avis; car quelques benignes qu'elles paroissent, on ne les a pas plutôt emportées par la ligature, qu'elles reviennent. Ces excrescences produisent peu de douleurs, et souvent aucunes; les écoulemens sanieux en sont médiocres; mais elles procurent des hémorragies fréquentes, qui tuent à la fin celles qui en sont affligées.

Cette espéce de tumeur ne vient pas seule, comme le polype utérin; il en nait ordinairement plusieurs à la fois qui sont distribués en même temps quelquefois dans la matrice et dans la vagin. Ces dernières sont faciles à recon-

Polypus of the uterus admits of cure only by means of an operation, which consists of the application of a ligature round the neck of the tumour. If the true nature of the disease is not ascertained by an examination, if the practitioner is content with treating symptoms, the patient becomes gradually weaker, and at length dies from want of skill in her medical attendant; as no medicine can be exhibited with the least prospect of advantage.

In the author's notes, amongst several cases in which he has successfully performed the operation for polypus, four are related where the patients had been under the care of practitioners, who, without being at all acquainted with the complaint, prescribed for its effects. Two of the patients had tried blistering and bleeding; one had taken mercury; and all had undergone a variety of treatment in no respect adapted to the complaint which produced the mischief.

The prognostic in cases of polypus of the uterus may generally be favourable, since the operation is not dangerous; and even where the debility induced is very considerable, the patient generally recovers. But this assertion applies only to the true polypus. The tumour which resembles it, and which has been described by Levret and by Herbiniaux by the name of "Vivace," although admitting of removal by the ligature, is disposed to return; other newly formed irregular portions shooting down into the vagina, and this with a rapidity of growth not belonging to polypus.

It is not here intended to prohibit the application of a ligature round such tumours: their size, and the inconveniences arising out of it, their disposition to become in part putrid, may render such removal advisable; but the patient should be prepared for disappointment, and the friends should be made fully aware of the essential difference between the two diseases.

Polypus of the uterus has been separated in a few rare cases during the act of vomiting, and thus the disease has been cured without operation. Probably in these cases the polypous tumour has been pushed during the efforts of vomiting out of the os externum; and upon the retiring of the uterus, after the abdominal muscles have ceased to act upon it, the neck of the tumour has been broken. Such a favourable mode of cure is hardly to be

noitre par le toucher; mais on peut se méprendre facilement aux premières. Voici la meilleur methode, selon moi, pour les distinguer des polypes utérins. La tumeur est presque toujours dans la matrice, parceque son attache n'etant pas un pédicule, elle ne lui permet guere d'en sortir, surtout si elle naît aux environs du col de ce viscere. L'orifice de la matrice est plus ou moins ouvert, et la tumeur qui y réside intérieurement paroît au toucher molle et moins unié qu'un polype. La matrice est si volumineuse qu'elle forme tumeur a l'hypogastre, et durant toute la maladie, cette tumeur exterieure est fort douloureuse, pendant que la Vivace, que l'on touche par l'orifice, ne l'est pas du tout.

expected; certainly not to be depended upon. Spontaneous vomiting may not arise, and it may be dangerous in a debilitated state of the patient to excite it by artificial means.

Previously to performing the operation, the rectum of the patient should be emptied by a glyster, or the intestinal canal may be cleared in its whole extent by a mild purgative. For a short time before the commencement of the operation, the patient should be kept in the upright posture, that the neck of the tumour may be more within reach.

As the tumour possesses different degrees of convexity in different cases, and as the distance of its neck from the os externum is very various, the practitioner must be provided with two or three rods of different lengths, made of a flexible metal, so as to be capable of being adapted to the shape of the tumour. The author's brother, Dr. Clarke, has contrived a brass rod, which, being received into a hollow handle, is capable of having its length altered as each case may require; and by this means the multiplication of instruments is rendered unnecessary.

A silver canula, of a length sufficient to reach from the neck of the tumour to the distance of an inch or an inch and a half from the os externum, should be prepared; and near the extremity which is to hang out of the external parts there should be placed two small shoulders, round which the ends of the ligature may be twisted. A sort of windlass has been recommended for this purpose in the canula; but this is quite unnecessary, and renders the instrument more complicated.

The ligature should be made of waxed silk, of such a thickness, as neither to cut the neck of the tumour, nor to break, nor to block up the canula. In order to pass the ligature through the canula, a long piece of thin brass wire should be ready. This is absolutely necessary; because, when the ligature becomes slippery and pliable, it will not be possible to push it through the canula. The patient should be placed upon a bed. She should lie upon her left side, and her knees should be drawn up towards the abdomen. If the external parts should not be readily dilatable, they should be dilated. Afterwards the forefinger of the practitioner's left hand, (previously oiled) is to be carried through the vagina to the neck of the tumour. The brass rod (previously prepared with the ligature, and its curvature adapted to the shape of the tumour) is now to be passed up by the right hand to that part of the neck of the tumour where the forefinger of the other hand is placed. The ligature is then to be secured by the finger, and the brass rod is to be carried carefully round the neck of the tumour, till it comes to that part where the ligature was secured. The practitioner is now to secure also under his finger that part of the ligature which has been carried round

the neck of the tumour, and the rod is to be carefully withdrawn. In some cases, it will be found more convenient to steady a part of the ligature with the rod, and to carry the other part of the ligature round the neck of the tumour with the finger. In doing this part of the operation, great care is to be taken not to include any part of the os uteri. Before the ligature is tightened, the patient is to be desired to inform the operator if she feels pain; because if the tumour only is included in the ligature, no pain will be felt.

The two extremities of the ligature which hang out of the os externum are now to be drawn through the canula, by the piece of wire (which had been previously doubled, and carried through the canula, so as to form a noose projecting from it), and after the canula has been gently passed up to the neck of the tumour, they are to be drawn tight, and are then to be twisted round the shoulders of the canula, where they are to be made secure. The ligature, therefore, should be long enough to encircle the neck of the tumour, to be carried through the canula, and a sufficient length of it should remain to be affixed to the shoulders of it. More than one ligature should always be prepared, lest that which is first used should become too slippery to be managed.

After threading the eye of the rod, one extremity of the ligature is to be twisted once or twice round the instrument, whilst the other hangs loose. The patient should be made acquainted with the shape and the situation of the instrument which is to be left in the vagina, that it may not be liable to be moved when she gets up to make water. She is also to be desired to remain constantly upon her side, and should not be allowed to move from one side to the other, unless when the practitioner is present. For want of attention to this caution, there is reason to believe that the canula has been inadvertently pressed against, and its extremity pushed through the uterus of the patient, so as to occasion her death.—In the engraving given of the polypus canula, there may be seen a contrivance, by means of which this accident may be prevented. The canula is made of the same diameter from the one end to the other, and a spiral screw is cut upon it. To this spiral screw is adapted another screw, placed in the centre of a kind of shield, which (when the ligatures are fastened) is to be placed in contact with the external parts. The shield in the plate is of a circular form; but in women who are corpulent it may be more convenient that its shape should be oval.

The patient is now to be left; and great care is to be taken by the nurse that the canula is not moved when the contents of the bladder are expelled.

Every day the practitioner is to examine the state of the liga-

ture; and as often as it is found to be at all slack, it is to be tightened. The mode of tightening it requires particular attention. If the canula should happen to be long, the practitioner should not hold the end of it whilst he tightens the ligature; lest with the force used the ligature should cut through the neck of the tumour, and the other extremity of the canula should be suddenly and forcibly pushed by the left hand against the internal parts of the woman. In order to avoid this accident, the canula should be firmly held close to the parts of the woman, which prevents the possibility of mischief being done. If the canula with a shield is employed, it is next to impossible that this accident should happen.

A syringefull of warm water should be thrown into the vagina every day when the ligature is tightened, in order to wash away the putrid discharge.

The time at which the ligature will come away, will depend upon the thickness and firmness of the neck of the tumour, and the tightness with which the ligature is at first applied. The neck of the tumour sometimes is cut through in four days; sometimes ten or twelve days will elapse between the application of the ligature and the removal of the tumour.

The neck of the tumour being destroyed, the tumour itself is to be brought away by the practitioner. This will be accomplished in some cases with ease, by one or two fingers introduced into the vagina. If the polypus is large, or the external parts contracted, a single blade of a pair of midwifery forceps, or a pair of stone forceps, may be used. If the size of the tumour should be such as not to be easily removed by these means, the crotchet may be fixed into it, and in this way it may be brought along. The palm of the hand should always be kept opposite to the beak of the instrument; so that if it should slip, the parts of the woman may not be injured by it.

The cavity of the vagina should afterwards be cleansed by injecting some tepid water, and this should be repeated for several days.

The mucous and bloody discharge seldom continues long after the extraction of the polypus; but if any should remain after a week or ten days, some astringent injection should be thrown into the vagina three or four times in a day.

As the ligature is applied round the neck of the tumour, a part of the latter may remain between the ligature and the uterus. In consequence of the application of the ligature, this part putrifies and comes away mixed with the discharges. In one case in which the author extracted a polypus from the uterus, he found that the os uteri had nearly recovered its natural size at the end of five days from the time at which the ligature came

away; that at the end of fourteen days it was impossible to ascertain that any disease had existed in the parts; and upon the sixteenth day, the patient menstruated.

It has been recommended, after the application of the ligature, that the tumour should be cut off with the knife; but there does not appear to be any necessity for doing this, particularly as no harm arises to the patient from suffering it to remain till it falls off.

It sometimes happens, that the ligature and the canula fall out of the vagina when the practitioner is not with the patient; for which event she should be prepared, lest this occurrence should create alarm. Whenever this happens, it is clear that the neck of the tumour is destroyed.

The food of the patient should be simple, easy of digestion, and nutritious. If the bowels should be confined, a glyster of warm gruel may be thrown into the rectum. If the stomach should be irritable, a saline draught in a state of effervescence may be given, with a few drops of laudanum; and if the patient should complain of pain from long confinement to the same posture, a sufficient dose of opium should be taken to procure rest.

The cause of the debility being removed, the patient generally quickly recovers her strength; but as an auxiliary, a draught consisting of decoction of bark with sulphuric acid, may be taken three times in a day.

CHAPTER XVII.

FLESHY TUBERCLE OF THE UTERUS.

Dr. William Hunter, who first described the true character of this disease, called it the Fleshy Tubercle. It is a hard, whitish tumour, sometimes nearly as firm as cartilage, situated sometimes upon the surface of the uterus, between the muscular and the peritonæal coat, sometimes projecting into the cavity of the uterus, and occasionally imbedded in its substance.

In some cases there is only one tumour; in others there are several. Their form differs very much: they are most commonly spherical or hemispherical, but sometimes they take on an irregular shape. When they project into the cavity of the uterus, their surface is smooth: the contrary is generally the case when they form upon the outer surface of the uterus, the tumour having a granulated appearance. These tumours are sometimes not larger than a pea; sometimes they weigh several pounds, and occupy a great part of the cavity of the abdomen.

In general, when the tumour is large, the texture is less firm than when it is of a smaller size. It appears to be composed of distinct parts, connected by a close cellular membrane, the diseased tumour itself being opake, and the connecting membrane more or less transparent. If coloured injection be thrown into the vessels of the uterus, so as to make the substance of the uterus quite red, none of it passes to the tumour of fleshy tubercle. In the collection of Mr. Abernethy, assistant surgeon to St. Bartholomew's Hospital, there is a very good preparation shewing this fact.

In examining a great number of preparations of this disease, the tumours were found to be situated at a distance from the cervix of the uterus. It sometimes happens that ossified parts are found in these tumours.

The fleshy tubercle of the uterus has been mistaken for hydrops ovarii and for pregnancy: the first is an error of little importance, as both of the diseases have few except mechanical symptoms; and neither interfere with life, unless by pressing upon parts in their neighbourhood: however, the cases by care may be generally distinguished. Although both tumours may be traced to the pelvis, and are circumscribed, the fleshy tubercle of the uterus is much more resisting than the cyst of an ovarian dropsy. In a dropsical ovary, fluctuation may be felt by striking the abdomen gently with the hand; but no such fluctuation is felt in fleshy tubercle of the uterus.

It is only in the early stages of fleshy tubercle of the uterus that it can be mistaken for pregnancy; because when the tumour of pregnancy rises above the brim of the pelvis, the motion of the child may be felt. The tumour of pregnancy after this time increases quickly; that of the fleshy tubercle slowly. The growth of the fleshy tubercle is always slow, having sometimes in the course of several years increased very little in bulk. Besides, if the tumour should have been felt for a longer time than is allotted to the period of uterogestation in woman, this becomes another diagnostic.

In pregnancy the stomach becomes affected, and the breasts enlarge and are painful,—changes not occurring in tubercle of the uterus.

No dependence is to be placed upon the state of the menstruation; because in pregnancy coloured discharges occasionally take place, and in fleshy tubercle of the uterus the menstruation is sometimes wholly obstructed.

Fleshy tubercle of the uterus is by no means an uncommon disease, and it attacks women at all periods of life: however, the author has never met with or heard of an instance of its occurrence before the twentieth year of age. Married and unmarried women are alike liable to the disorder.

These tumours have no disposition to ulcerate, neither does suppuration take place in the substance of them. Inflammation sometimes attacks the neighbouring parts, and this may proceed to the formation of matter; but the tubercle remains the same.

The os uteri may at the same time be affected by the corroding ulcer; but this is independent of the tubercle, which may be at a considerable distance from it, and have no tendency to inflammation.

In many cases of this malady the appendages of the uterus are also found diseased; and it is by no means uncommon to find dropsical tumours of the ovaria, or of the broad liganents, existing at the same time.*

Nothing is known respecting the cause of this disease.

An increased discharge of transparent mucus from the vagina attends many cases. The other symptoms are for the most part mechanical, such as would be produced by any other equally hard and large tumour in the same situation.

The early symptoms are, a frequent disposition to make water and to empty the rectum.

Retroversion of the uterus and suppression of urine may oc-

* The author has several preparations shewing the co-existence of fleshy tubercle with dropsy of the ovary. He also possesses one preparation in which fleshy tubercle, the corroding ulcer, and dropsy of the ovary are conjoined.

cur in this disease, and may last for a long time if the growth of the tumour should be slow.

Cramp in one or both of the lower extremities, œdema of one or both feet, are symptoms attending those cases where the sciatic nerve or trunks of the absorbents are pressed upon.

When the tumour becomes so large as to fill the cavity of the pelvis, there may be great difficulty in passing the fæces, and a total inability of emptying the bladder. The weight of the tumour, and its pressure upon the parts at the lower aperture of the pelvis, will occasion a sense of bearing down; and this will not be so much relieved by the horizontal posture, as in simple cases of procidentia arising from relaxation: by degrees the tumour accommodates itself to the parts in which it lies.

If an examination be made, a hard, large, resisting tumour will be felt; but the os uteri will have undergone no change. It will not gape as in carcinoma, neither will the patient complain of pain when the tumour is pressed upon. The menstruation will be very variously affected; being sometimes regular, more frequently in increased quantity, or occurring with shorter intervals, and occasionally, though seldom, wholly obstructed.

The constitution is seldom affected; and when it is so, it is merely from the effects arising out of pressure made by the tumour upon others.

This disease does not appear to be influenced by medicines internally exhibited, or by external applications. If in the progress of it any symptoms should arise likely to interfere with the safety of the patient, they should be immediately attended to. Although no medicine can remove the tumour, there is reason to believe that these tumours have been spontaneously absorbed.

A lady had laboured for some time under a very profuse discharge of blood from the vagina. Upon an examination, a tumour, consisting of several irregular portions, was found descending into the vagina from the cavity of the uterus. A large tumour as big as a child's head could be felt through the parietes of the abdomen just above the pubis. Upon the surface of this tumour could be felt two smaller ones, one of which was of the size of a man's fist, and the other twice this size. A variety of means were employed for the relief of this case for about two years; upon examining the abdomen at the end of this period, the tumours could not be discovered. At length the patient, worn out by pain and by discharge, died. Her body was examined in the presence of Sir Walter Farquhar, Mr. Chilver, and Dr. Clarke. The uterus was found as large as that of a woman at the end of the fifth month of pregnancy. Upon the anterior part of it, near the fundus, were found two small tumours as large as peas, which were probably the same tumours before

felt, of the size above mentioned, as there was no other vestige of them. These tumours were of a hard and resisting nature, and were lying between the muscular part of the uterus and the peritonæum covering it.*

Cramp of the lower extremities in this disease may be diminished by certain changes of posture, which a knowledge of its causes will enable the practitioner to recommend. If the rectum should be filled with fæces, it should be emptied by glysters, assisted by purgatives which produce watery stools. This being done, more room will be made for the enlarged tumour of the uterus, and less pressure will be made upon the nerves and absorbents.

If the hollow of the sacrum should be filled by the tumour, and the rectum be compressed, advantage may arise from the introduction of a finger into the rectum; by means of which, assisted, if necessary, by another in the vagina, the tumour may be very gently pushed up above the projecting angle of the sacrum. If this should succeed, it will immediately relieve all the symptoms; and the tumour, being once in the cavity of the abdomen, will probably no more descend into the pelvis.

The author has succeeded in effecting this in a lady who was incapable of making water in consequence of pressure made by the tumour upon the meatus urinarius. A catheter, which passed into the bladder with great difficulty before the attempt to push up the uterus was made, afterwards passed into the bladder with so much ease that the nurse of the lady was enabled to introduce the instrument. This was done twice a-day till the bladder had regained its tone, which it had lost by being over-distended; after which the patient was capable of making water herself.

Friction with liniments containing opium may be usefully employed in cases where much uneasiness is excited in the parts surrounding the tumour.

Above all things, the state of the bladder is to be attended to, and care should be taken to empty it by the catheter, if there should be retention of urine. A difficulty in making water is a much earlier symptom attending the disease than a difficulty of passing the fæces: therefore the practitioner should never fail to inquire into the quantity of urine voided even before any complaint is made of constipation. After the tumour has risen into the cavity of the abdomen, its pressure upon the upper part of the os pubis may produce a retention of urine. In such cases the patient will be capable of voiding small quantities occasionally, if she lies upon her back with the pelvis raised a little from the bed.

* Vide a paper by Dr. Clarke, in the Transactions of a Society for the Improvement of Medical and Surgical Knowledge, vol. iii.

Why inability of making water should come on before the woman becomes costive from pressure; and why, in some cases where the disease has acquired a large size, she never becomes costive at all; may be understood from considering the shape of the upper aperture of the female pelvis. It is of an oval form, and the long diameter is from side to side: consequently any tumour, the shape of which does not exactly correspond with this form, will (if it should be too large to enter the upper aperture of the pelvis) rest upon the upper and inner part of the os pubis, and the projecting angle of the sacrum. The sigmoid flexure of the colon terminating in the rectum, inclining towards the left side of the cavity of the pelvis, will thus lie secure from any pressure.

In drawing off the urine, the catheter should be curved very much before it is introduced, and should be carried up with its concave side towards the os pubis; otherwise it will not pass into the cavity of the bladder, which is made by the tumour to lie more forward than the symphysis pubis. If the catheter so curved will not pass readily, no violence should be used, lest it should break, or lest injury should be done to the urinary passage by it: but the forefinger should be introduced into the vagina, and the tumour should be so raised that room may be made for the passage of the instrument between it and the os pubis. For want of due attention to all these circumstances, many practitioners have failed in drawing off the urine, which will rarely happen otherwise.

A flexible catheter may be tried, if the practitioner cannot succeed with the common instrument; and if by no means the urine can be drawn off, the bladder must be punctured. The author never saw or heard of such a case; but it is nevertheless possible. It may be necessary, occasionally, to have recourse to those medicines which diminish irritability; but the proper moment for employing them, as well as the choice of that best adapted to the case, must be left to the discretion of the practitioner. Hyoscyamus may be considered in such cases a very valuable medicine; as although its sedative powers are not very great, they will generally be sufficient for the purpose, and the medicine produces none of the astringent effects of the poppy tribe. Here it becomes necessary to caution the practitioner not to mistake the symptoms of peritonæal inflammation (which sometimes, though rarely, arise,) for symptoms of irritation. If peritonæal inflammation should be produced in the progress of the disease, it will be marked by the constant acute pain, increased by the pressure of the hand or by breathing; by a creamy whiteness of the tongue, which is nevertheless moist; by intense thirst; by a small, frequent, and sometimes hard pulse;

and sometimes, but not always, by vomiting. The great remedy for this case is bleeding, which ought to be immediately performed. The blood should be taken from a large orifice in large quantity; and the operation should be repeated again and again if necessary. The bowels being once emptied, the patient should take some medicine which will be likely to diffuse the circulation, to determine to the skin, and to allay irritation; such as small doses of antimonials with opium; or the pulvis ipecacuanhæ compos. may be taken, in the dose of four or five grains, in the form of a pill (lest it should increase the sickness,) once in four or five hours, swallowing afterwards a saline draught made with lemon juice and vegetable alkali. If the bowels should in the course of the disease require any farther opening medicine, the mildest should be chosen, or perhaps glysters only employed. The drink should be barley water. Fomentations, the hip bath, local bleeding, may also be called into use, if the symptoms should make them necessary.

CHAPTER XVIII.

Verrucæ, or Warty Tumours, arising from the Vestibulum.

Warty tumours not uncommonly form in the vestibulum, of various sizes. When they are large or numerous, they will be attended by a mucous discharge from the vagina, proportionate to the number, size, and situation of them.

These tumours are for the most part insensible, and pressure made upon them causes little or no uneasiness. They seldom possess any regularity of appearance; but each warty tumour looks as if a number of small parts were connected so as to make up one large tumour. Their colour generally resembles that of the part upon which they grow; so that when situated on the labia, their colour will be lighter than when they arise higher up, as upon the vestibulum, or amongst the carunculæ myrtiformes. In such situations they are generally of a flesh-colour, or inclining to red; but when any part of them is exposed, they appear of the colour of the external skin.

The labia, the nymphæ, the vestibulum, and the carunculæ myrtiformes, are liable to these excrescences; from which, however, they may be readily distinguished. The number of these tumours varies very much: sometimes they are solitary, whilst in other instances they are so numerous as to occupy the whole of the vestibulum, and their growth is often very rapid. It is not unusual for tumours of this kind to arise in parts which have recently been the seat of chancres, particularly when mercury has not been employed in sufficient quantity to destroy the venereal poison; and chancres themselves, instead of healing and leaving a smooth surface, sometimes terminate in a thickened state of the cuticle, from which warts arise. It is not necessary to the formation of these tumours, that the part should have been the seat of any syphylitic complaint, for they may arise in parts which have never been so affected.

The attention of the patient is for the most part called to the disease by a mucous discharge, or by the application of the hand to the part to allay the irritation which the excrescence will produce upon the opposite side of the vestibulum; and in doing this the tumours are discovered. The irritation in this case is often extreme.

The mode of treating the disease must be varied, according to the circumstances of their cause, situation, number, and mode of attachment. If there should not be more than two or three warty tumours, and these seated upon the labia, and if they

should adhere by a narrow neck, a ligature of waxed silk may be tied round each of them, sufficiently tight to interrupt the circulation through them: the ends of the ligature may then be cut off close to the neck of the tumour, and it will drop off in a few days. If they should be more numerous, they may be cut off with a pair of scissors, and the bleeding may be restrained by touching the surface with argenti nitras. Perhaps this latter mode of treatment is the best in all cases where the carunculæ myrtiformes are the seat of the disease; as the ligature, if the tumours are large, may excite spreading inflammation in the vagina.

If the warty tumours are very numerous, and lie very close to each other, the most ready and the least painful way of extirpating them is to include the skin on which they grow in the grasp of a pair of scissors, and by one stroke of the instrument to take them off. The pain attending this operation is momentary, and must be much less than where each excrescence is removed singly. Any common dressing may be applied to the sore, which generally heals quickly: the tumours, however, sometimes shoot up again.

Inflammation taking place in the neighbouring parts will sometimes remove these warts without any application being made to them. Upon this principle, stimulating applications of various kinds are useful; and in that form of the complaint where there is a general warty disposition of the labia, the application of such stimulants is to be preferred to every other mode of treatment. Amongst such applications may be reckoned, a solution of argenti nitras, hydrargyri murias, cupri sulphas, or ammoniæ carbonas. Either of these may be applied by means of a piece of lint, which may be occasionally wetted and laid upon the parts. A powder composed of equal parts of pulvis sabinæ and cupri sulphas, may also be sprinkled upon the parts with considerable advantage.

In the use of all these applications care should be taken to regulate their strength properly; and it is better that the absorbents should be very slightly stimulated, than that any injury should be done to the parts by too violent applications.

If the tumours should be connected with syphylis, mercury must be employed; and it is particularly recommended, that in the management of chancres the use of mercury should not be discontinued till the whole of the thickening left by them is removed.

The mucous discharge, and the itching connected with this disease, will cease upon the removal of its cause: if it should not, washing the parts very profusely and frequently with the coldest water, will be generally sufficient to stop it.

CHAPTER XIX.

Vascular Tumour of the Orifice of the Meatus Urinarius.

This disease, although an excrescence from the parts, deserves particular notice in this place; both on account of the alarm which it creates, and the great pain attending it, and also because it differs from the preceding case.

Like the warty tumour already described, this disease is attended by a mucous discharge.

There is in most women a degree of projection round the orifice of the meatus urinarius; and from this part sometimes the tumour arises, to which the above name of the vascular tumour of the meatus urinarius has been applied. The texture of this tumour is seldom firm: it is of a florid scarlet colour, resembling arterial blood; and if violence is offered to it, blood of the same colour is effused: its surface is somewhat granulated. It is exquisitely tender to the touch; and if an accurate examination is made, it appears to shoot from the inside of the urethra. It seldom acquires a large size. Upon separating the labia and the nymphæ, the excrescence is immediately exposed. Its attachment is so slight, and it is so moveable, that it appears almost like a detached body lying upon the parts.

The disease is common to the single and married woman. In all the instances which the author has met with, the patients have been under the middle age, and they have been chiefly in young women.

The disease is not of common occurrence: the author has, however, very lately seen three cases of it. One was in a young woman who had been married three months, and was pregnant: in this case the pain was so intense, from the sensibility of the tumour, that the patient could not bear any intercourse with her husband. Another case occurred in a young single woman of a full habit, in whom all the symptoms of puberty were present at an early age. The third case was in a young woman who had recently been delivered, and who was living very profligately. An exquisite degree of tenderness of the part is a constant symptom of the disease. This tenderness is confined to the tumour itself, and does not extend to the neighbouring parts.

Instances sometimes occur of great pain and tenderness to the touch in the region of the meatus urinarius, accompanied by a thickening of the part; so that if the finger is passed into the vagina, considerable uneasiness is produced: but upon exposing the parts, no disease is visible. This also is attended by a mu-

cous discharge. How far such a symptom may render it probable that this disease is going on in the cavity of the urethra, it may be difficult to determine. In a patient under the care of Sir James Earle, in St. Bartholomew's Hospital, this symptom was present; and upon exposing the parts, a tumour of a scarlet colour, nearly filling up the orifice of the urethra, was brought into view. In such cases, relief is obtained by the introduction of a large bougie, and suffering it to remain in the urethra for some time.

Patients labouring under the vascular tumour of the meatus urinarius experience sometimes great pain in making water; most probably from the pressure of the fluid upon the tumour, and the impediment which it may offer to the passage of it. The author has never known or heard of a case in which it was necessary to draw off the urine with a catheter.

The vascular tumour of the meatus urinarius requires removal by a ligature, or by the scissors and caustic. The ligature is to be preferred, as the tumour is less likely to return than when other means are employed.

The ligature employed should always be so thick as to press upon a large surface, and it should never be drawn so tight as to cut through the neck at once. The intention of the ligature is to destroy the life of the tumour, and to cause the absorbents to throw it off as an extraneous body. This may be effected in twenty-four hours; and the operation being thus concluded, the tumour may not return. Notwithstanding all the care of the practitioner, the parts will sometimes give rise to the reproduction of the disease.

If, however, the neck of the tumour should be cut through in the application of the ligature, or if the scissors should be employed, the tumour will be especially likely to regenerate. Whenever the tumour is removed by the scissors, the part from which it arose should be touched with caustic, and the potassa cum calce, applied once lightly, will be more efficacious than repeated applications of argenti nitras. A piece of lint should be laid upon the part afterwards, and the patient should remain for a few hours in a state of rest. If there should appear any disposition in the disease to return, the timely use of the potassa cum calce will prevent its increase.

CHAPTER XX.

A thickening of the Cellular Membrane surrounding the Urethra throughout its whole Extent, accompanied by a varicose State of the Vessels of the Part.

The existence of this disease is ascertained sometimes by pain and difficulty in the sexual intercourse; but in many cases the constant uneasiness experienced by the woman leads to the knowledge of it. On examination, a bulbous tumour will be found situated behind the pubis; and if much pressure is made upon it, pain will be produced, but not of a severe kind.

A mucous discharge always attends this disease, secreted probably in part by the membrane of the urethra, and in part by that which lines the vagina.

If the parts are exposed, and the patient presses down, the diseased part will be brought into view, putting on the appearance of a tumour, but which is nothing else than a thickening of the urinary passage. On the surface of this thickened part blood-vessels ramify, of a size large enough to admit of being opened by the point of a lancet.

When the patient is in an erect posture, the size of these vessels increases, and she complains of a sense of fulness in the parts: when she lies down, the vessels carry less blood, and the sensation of fulness is diminished. If pressure is made upon the part, the swelling and redness subside for a time, but both return directly upon the pressure being discontinued. Sometimes a pouch forms in the posterior part of the urethra, in which a few drops of urine lodge, and from which situation it may be pressed out by the finger applied to the part. If a catheter is introduced into the urethra, it may be carried backwards to the part where this lodgement of urine is found. Upon this cause depends perhaps one of the most troublesome symptoms of the disease,—a frequent desire to make water, both in the night and during the day, so as to interfere with the patient's rest. When the disease is removed, this symptom subsides. In a case of this kind, which the author attended with the late Dr. Reynolds, the general health of the patient suffered exceedingly; and this was thought to be greatly owing to the disturbed state of rest. In another case of the same kind, which Dr. Bain and the author attended, this circumstance was very distressing; but the chief symptom was a great degree of soreness of the membrane covering the tumour, which symptom does not generally occur in the disease. This soreness was explained by an attentive exami-

nation: The mucous membrane covering the tumour had become very thin and shining; and upon the least oblique pressure being applied, it wrinkled and peeled off, leaving the parts below exposed.

The disease occurs principally in married women who have had children; and the cases which the author has seen of this disease, as well as of that treated of in the preceding chapter, have been chiefly in women with red or light auburn hair and fair complexions.

The disease seems to consist of an enlargement of the blood-vessels of the part; because when the vessels are emptied of their contents, the size of the tumour diminishes. Judging from the colour of the tumour, there is reason to believe that the enlarged vessels are principally veins.

Warm applications (although they may afford temporary relief) will be found eventually to increase the complaint, as they produce a greater relaxation of the blood-vessels of the part.

The most speedy and effectual mode of relieving the patient is by emptying the vessels, either by puncturing them with a lancet, or by the application of leeches: either may be employed, according to circumstances. The size of the vessels and of the whole tumour will be diminished by these means, and its colour will be changed from a deep red to the proper colour of the part.

The fulness of the vessels being removed, lotions composed of solutions of lead may be applied cold to the parts, and these should be changed as often as they become warm. After a day or two, weak solutions of muriate of ammonia or of sulphate of zinc may be used: at first, the openings made by the leeches or by the lancet would be inflamed by them. Pressure is serviceable, and may be applied either by introducing a piece of wax candle, or a small roll of linen which may be previously dipped in the lotion.

It may be necessary to repeat the bleeding from time to time, if the symptoms should continue, or if having subsided they should return. The bowels of the patient should be kept in a relaxed state by some mild saline purgative, and the food of the patient should consist principally of vegetables. The horizontal posture should always be enjoined.

CHAPTER XXI.

On the Transparent Mucous Discharge from the Vagina, not accompanied by any Alteration of Structure of the Sexual Organs.

This part of the subject includes two very distinct and dissimilar cases; whether the cause be considered, the symptoms, or the treatment. The first is that which originates from, and is accompanied by, increased action of the vessels of the parts. The second, that which arises from debility: in which latter case, the former may terminate.

The case of transparent mucous discharge from the vagina attended by weakness, more frequently occurs than that which is accompanied with increased action; because many cases of the latter kind terminate in the former. A separate consideration will be given to each case.

ON TRANSPARENT MUCOUS DISCHARGE FROM THE VAGINA, ARISING FROM INCREASED ACTION OF THE VESSELS.

Women of naturally plethoric habits, who possess great strength of constitution, are more liable to profuse secretions from these parts than women of ordinary strength. This fact may be ascertained in investigating the complaints of such women, although the quantity of the discharge is rarely so considerable as to induce the patient to make it the subject of particular complaint; there is, however, a state of the system in which such discharges are so very profuse as to demand attention. Women who in the middle of life indulge much in the pleasures of the table, (particularly if they drink too freely of wine or spirits) whose habits of life are sedentary, and who take very little exercise in the open air, are liable to become suddenly corpulent. They form a larger quantity of blood, as may be known by attending to the blood-vessels. The pulse becomes full, and the superficial vessels, which were hardly visible before, become in different parts of the body so large as to be easily traced by the naked eye. This may be remarked upon the cheeks. Such women are generally weak, although they may have the appearance of strength; they can take very little exercise without fatigue, and are overcome by a very moderate degree of exertion; the habits which at one time were sedentary by choice, become so now from necessity; for the woman neither possesses energy

enough to exert herself, nor, if she has the inclination, can she indulge it, from the inconveniences attending such exertion.

In many of these cases a slow enlargement of the liver takes place, which may be felt by applying the hand to the side. Generally a very small quantity of bile is mixed with the stools; and sometimes these become not only of a clay colour, but perfectly white. The fœtor of these stools is usually greater than that of stools in general, and it resembles more the smell of putrefaction than that of fæces. As the quantity of bile which passes into the bowels becomes smaller, the woman becomes more and more constipated, and the obesity increases. The vaginal discharge increases in quantity, the fluid of menstruation also is secreted more plentifully, and the intervals between the periods are generally shorter than natural: and these symptoms for the most part lead the patient to apply for professional advice. Upon inquiry it will be found, that fits of giddiness and of sleepiness have attacked the woman; that there has been pain in the head, perhaps indistinct vision, such as a waving appearance when the eyes are open, or a sensation of sparks when they are closed. These symptoms are sometimes relieved by spontaneous bleeding from the nose. In this way the case proceeds, in some instances disregarded by the woman, until the urgency of the symptoms demands attention.

Many years may elapse before any danger is apprehended; and then all at once the woman may be attacked by a fit of apoplexy, or some great internal hemorrhage, which may quickly destroy her; or she may gradually become weaker and dropsical, and at length die. The symptoms will be diminished after each period of menstruation. The mucous discharge probably is, in some degree, useful: hence, if a check be given to it without employing any means of unloading the blood-vessels, the violence of the symptoms generally increases.

The author has examined the bodies of women whom he has seen during life with such symptoms as have been described. He has found the uterus somewhat, but very little, enlarged, and the liver sometimes increased to more than twice its natural size. It has been uniformly harder than a healthy liver, but there have not been any particular parts of the viscus more diseased than the rest: upon cutting into its substance, it has commonly appeared remarkably yellow.

The objects in the treatment of this case are, to unload the vessels, by removing at once a large quantity of blood; to prevent its too quick formation in future; to restore, if possible, the liver to a healthy state: afterwards, to moderate the vaginal discharge, or to diminish the inconveniences attending its continu-

ance: and, lastly, to lay down proper rules for the patient's conduct, in order to prevent a return of the symptoms.

If any local symptoms, arising from fulness, should be present, the blood should be taken from the neighbourhood of the affected part, by scarifications, and cupping-glasses applied between the shoulders, to the lower part of the abdomen, to the loins, or to the region of the liver, when there is reason to suppose it affected. If no such symptoms should be present, the lancet may be used. Small quantities of saline purgatives, given three or four times a-day, eminently relieve, by increasing the secretion from the mucous glands of the intestines, and also by stimulating the extremities of the biliary ducts in the duodenum, so that a larger quantity of bile may be poured out by them. Whilst this plan is pursued, the diet of the patient should be regulated. She should live chiefly upon fruits, vegetables, and light puddings. By slow degrees, the quantity of exercise may be increased, till at length it can be taken so as to counterbalance any disposition which there may be to form too large a quantity of blood.

The patient should be prohibited from taking fermented liquors and spirits. If the functions of the stomach should have been much impaired, by being long accustomed to stimulants, it may not be proper to withdraw them altogether: but even here, spices, the aromatic seeds, and volatile alkali, will supersede the use of ardent spirits.

Until the plethoric state of the system shall have been removed, tepid water alone may be thrown into the vagina; but when the symptoms arising from this state have subsided, a weak solution of sulphate of zinc may be injected into the vagina several times in a day.

Local increased action may become the cause of the disease. Frequent sexual intercourse may give rise to this case, which is therefore very frequently met with in women of dissolute lives. This case may occur either in weak or in plethoric habits.

Women who have frequently miscarried, or who have borne many children, are more liable to the complaint than women who have not been pregnant.

Where inflammation of a common or specific kind has attacked the mucous membrane of the vagina, and purulent secretion has long existed, when this inflammation subsides, the matter secreted becomes gradually less yellow and more tenacious, and at length is found to be merely mucus. This case is sometimes very difficult of cure.

In the treatment of the case of discharge of transparent mucus from the vagina, produced by increased action of the vessels of the parts alone, local remedies will be principally required.

These should consist of the application of leeches or of cupping-glasses, (the parts being also scarified) to the lower part of the abdomen, or to the back; and it may be necessary to repeat this operation.

The bowels should be kept in a relaxed state, by the exhibition of manna, castor oil, or some other mild purgative.

The food of the patient should be of the most simple kind, all salted and high-seasoned meats and spices being very improper. Whatever tends to irritate the sexual organs will keep up the disease: all sexual communication should therefore be omitted.

The external parts may be frequently washed with cold water, and solutions of superacetate of lead may be injected by means of a female syringe into the vagina.*

When the secretion of mucus continues after the local increased action has been allayed, astringent injections will be advantageously employed.

* Dr. Latham informed the author that he had seen several cases of discharge from the vagina, where the use of this application had been productive of more benefit than any other; and the author believes that these have been principally cases arising from increased action of the vessels of the sexual organs, as in many other cases of local increased action this remedy is known to be eminently serviceable.

CHAPTER XXII.

On the Case of Transparent Mucous Discharge depending upon Debility.

That women whose vagina has lost its tone become liable to this disease, has been before remarked in that part of this work where some general observations upon the nature of vaginal discharge were made. Whatever tends to produce debility of the system may lay the foundation of this complaint; such as long diseases, profuse hemorrhages, or anxiety of mind.

Women who live in a moist atmosphere, who keep bad hours, who spend much of their time in bed, or who inhabit hot rooms, (being generally weak women, and having a relaxed vagina) will be apt to be affected by the complaint.

It sometimes arises in women who suckle their children for too long a time, and it will often subside spontaneously upon the child being weaned.

The quantity of discharge, and also its consistence, is very various in different cases. It sometimes comes away in a liquid form: at other times it is ropy.

A pain in the back attends many cases of the disease. This symptom is, however, frequently found where great debility of the system is present.

The continued drain from the system increases the original weakness; and the quantity of blood remaining is by degrees so much reduced, that the surface of the body becomes every day paler, till at length the cutaneous vessels are completely emptied of their contents, and at this time the skin assumes an appearance resembling that of a dead body. The colour of the sebaceous glands of the skin is evident through the cuticle; so that to the paleness of the skin is superadded an appearance of yellowness, which is not the effect of absorption of bile, for the urine will be found clear and colourless, and the tunica sclerotica of the eye will retain its pearl-coloured appearance. The exact balance between the secreting arteries and the absorbents being destroyed, the cellular membrane becomes filled with fluid, and the integuments acquire a doughy look and feel. This fluid effused pervades the cells of the cellular membrane throughout the body; the legs and feet swell towards night, and in the morning this swelling subsides, and the face becomes puffed; a shortness of breathing succeeds, which is increased by the horizontal posture, and is rendered most distressing when the patient is going up an ascent, or endeavours to read aloud. Vio-

lent palpitations of the heart occasionally give the woman great uneasiness; and this symptom sometimes increases to so considerable a degree, that the action of the heart may be heard by a bystander. During the continuance of these palpitations, the patient becomes very faint, and often considers herself to be dying.*

The circulation in the extremities is very languid, and the hands and feet are almost always cold; the pulse is feeble, sometimes very quick. The digestive organs not only partake of the general debility, but have more than their proportion of weakness. The appetite for food is lost; the power of digestion is diminished; and from the spontaneous changes which the food undergoes in its passage through the stomach and intestines, the patient becomes much annoyed by flatulence.

Bile is secreted very irregularly, and sometimes this secretion is suspended. Costiveness is a general attendant on this state of disease.—In the farther progress of the case, hectic fever comes on, the difficulty of breathing becomes more extreme, and the patient dies with the symptoms of water in the chest. Although these symptoms are of the most formidable kind, and threaten the life of the patient, they frequently yield to the employment of proper means, which must be directed with skill, pursued with energy, and continued with patience.

The first care of the practitioner should be to remove, if possible, the causes of the disease. If the patient has been living in a moist unhealthy situation, she should be removed to one which is more dry and salubrious: without attention to this very important circumstance, all the resources of art will be useless.

It has been stated, upon good authority, that the disease is frequent in Holland, and that it is epidemic in wet autumns.—The author has repeatedly seen the complaint attended by the worst symptoms in women who live in damp situations, and in the crowded parts of London, in whom they have quickly disappeared upon a removal to a more healthy spot. The woman should neither be permitted to breathe a confined air. When the weather permits, she should go out; and the apartments in which she lives and sleeps should be large and well ventilated. Her habits of life should be regular. She should rise betimes in the morning, and retire to rest early in the evening. If she is too weak to sit up during the whole of the day, a sofa is to be preferred to a bed.

* The symptoms attending this case of vaginal discharge are admirably described by Hippocrates.

"Οδυνη εχει την νειαιρην γαστερα και τας ιξυας και τυς κενεωνας. Και οιδηματα των τε σκελεων και των χειρων, και τα κοιλα αἱρεται· και οἱ οφθαλμοι ὑχροι, και ἡ χροιη ικτερωδης, και λευκη γινεται· και οκοταν πορευηται ασθμαινει."—Περι γυναικειης φυσιος.

Persons who are weak are much disposed to sleep. This prevents that exhaustion of the powers of the frame which would otherwise take place. Exercise proportioned to the strength and to the means of the patient should be recommended: when the weather permits, it should be taken in the open air. Exercise in an easy carriage is preferable to walking, and that taken on horseback to both. The chamber-horse or elastic plank may be employed when exercise out of doors cannot be used.

The food should be of the lightest kind, such as animal broths and jellies, vegetable jellies, bread properly fermented and well baked. It will be better that the patient should not eat solid animal food until the powers of the stomach are in some degree restored, lest fever should be excited by it. When the powers of the digestive organs become more vigorous, recourse may be had to animal food, which should be taken in small quantities, once only in the twenty-four hours, and in the middle of the day. Tender meats and such as will not be likely to disagree with the stomach should be selected. Wine, either pure or mixed with water, as may best suit the palate or the stomach, may be allowed in moderate quantities. All wines which have not undergone a complete fermentation will give occasion to flatulency, and are therefore improper.

The medical treatment is to consist of the employment of means to invigorate the stomach and the constitution, and to restrain the vaginal discharge, which, as long as it continues, must increase the debility.

If steel and the other metallic tonics are exhibited in the first instance, they will either be rejected, or they will increase the frequency of the pulse and the general heat of the body; and thus by wearing out its powers, exhaust that strength which they were intended to augment.

Instead of this plan the patient should take, two or three times in the day, a draught of infusion of calumba or some other light bitter, with the addition of a few grains of carbonate of ammonia.

At the end of two or three weeks, it is to be expected that the stomach will have received an increase of strength; and then, instead of the volatile alkali, fifteen or twenty drops of tincture of muriate of iron, or of ammoniated iron, may be added to the draught.

Sulphuric acid is a useful tonic in these cases, and may be given in an infusion or decoction of bark.

A mixture of myrrh, steel, and alkali, with some aromatic water in some cases where the stomach will bear it, becomes a valuable remedy.

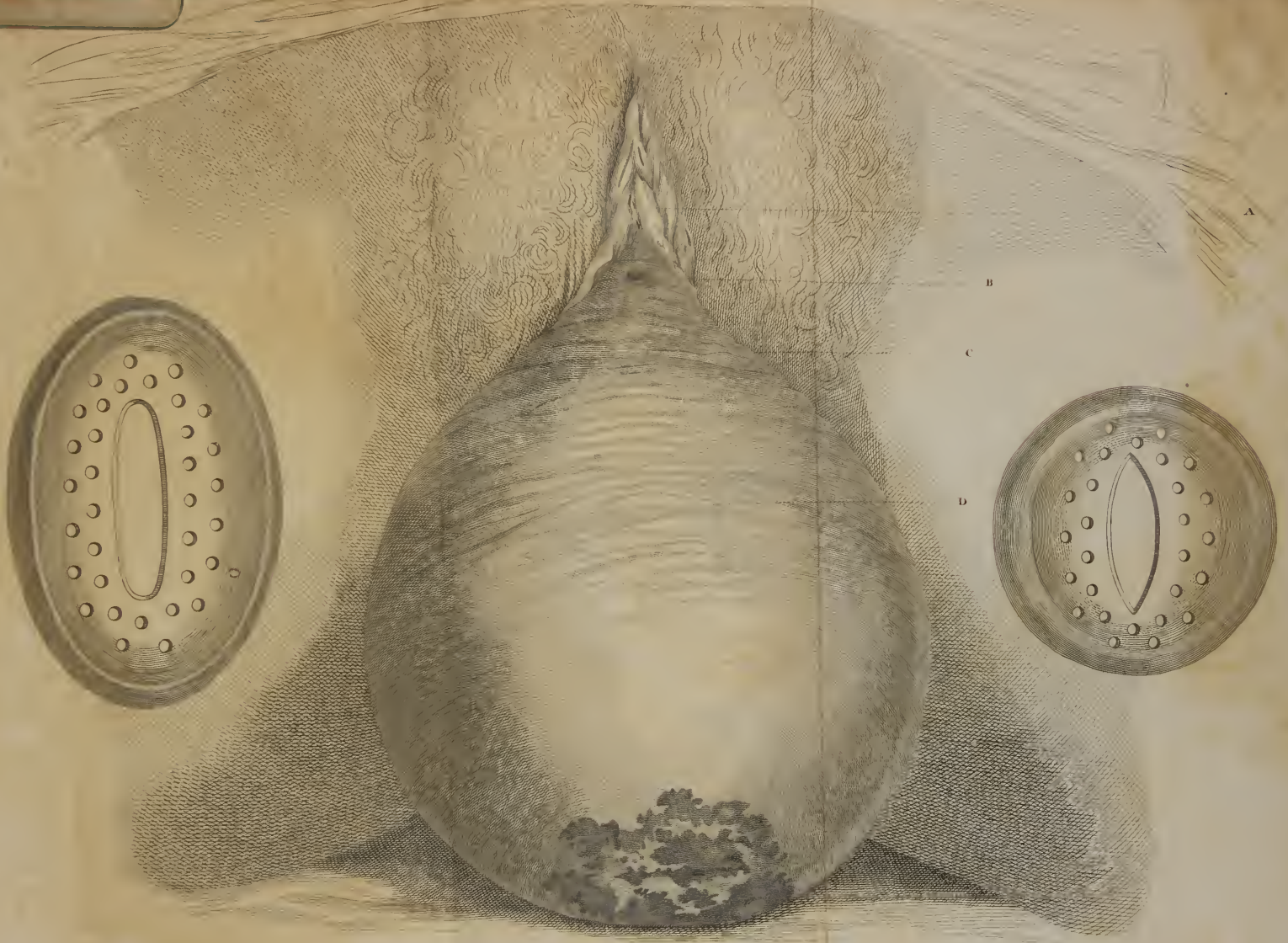
Under a continuance of these or similar means, the patient's health will be gradually re-established.

Care is to be taken to regulate the functions of the bowels, until they have acquired sufficient strength to carry down their contents without assistance: for this purpose the pilula ex aloë cum myrrhâ, or the pil. gambog. compos. of the last Pharmacopœia are well enough adapted.

It is advantageous in some cases, where the biliary secretion is sluggish, to exhibit occasionally a few grains of pil. hydrarg. at bed-time; and in the morning following a rhubarb draught.—The strengthening remedies will produce a better effect when this is attended to than when it is omitted.

A solution of sulphate of zinc or of alum may be thrown into the vagina by a syringe, three or four times a-day; and if these should not be sufficiently powerful, such injections must be employed as possess a greater degree of astringency.

Cold sea-bathing will be found very useful, when no symptoms are present forbidding it: the system, however, should have first rallied a little. Those patients who cannot bear the shock of a cold bath, will occasionally derive great advantage from a shower-bath.—The temperature of the water may be raised to sixty or seventy degrees, if the cold water does not agree with the patient.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EXPLANATION OF THE PLATES.

PLATE I.

In this plate is shewn a view of Procidentia Uteri taken from the living subject. The tumour had become external, and hung pendulous between the woman's thighs. The bladder was situated in the upper and anterior part of it, and in consequence of having recently expelled its contents, the rugæ of the vagina became very numerous.

A. The nymphæ.
B. The orifice of the meatus urinarius.
C. The rugæ in the inner membrane of the vagina (now the outer coat of the tumour,) very numerous near the upper part of the tumour.
D. The body of the tumour: the rugæ becoming less numerous.
E. The os uteri surrounded by an ulceration.

Upon the sides of this plate are to be seen engravings of the oval and circular pessary, which are adapted to the greater number of the cases of procidentia uteri.

PLATE II.

A View of another case of Procidentia Uteri also taken during life. The shape of the tumour in this case is more oval than in the case Plate I. This will be explained upon considering, that in the centre of this tumour are contained the uterus, the ovaria, the fallopian tubes, the rectum, the bladder, a large quantity of the small intestines, and the omentum; the weight of all which upon the lower part of the tumour, might be naturally expected to elongate it. This elongation of the tumour, it will be seen, has nearly obliterated all the rugæ of the vagina.

A. The os uteri surrounded by ulcerations.
B. B. Two large ulcerated patches.
C. The labia.
D. The orifice of the meatus urinarius.
E. The nymphæ.

N. B. The size of this tumour is reduced in the drawing.

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PLATE III.

The patient from whom the former drawing was made, died in Kensington workhouse. This plate is an outline of the parts in the dead body.

A. The os uteri.
B. B. Ulcerations.
C. Rugæ of the vagina.
D. Orifice of the meatus urinarius, into which a bougie is inserted.
E. The nymphæ.
F. The other end of the bougie in the cavity of the bladder, which viscus occupied the anterior part of the tumour.

PLATE IV.

This plate contains a very accurate representation of Procidentia Vesicæ. It is here to be particularly remarked, that there is no opening at the lower part of the tumour.

A. The nymphæ.

B. The orifice of the meatus urinarius.

C. The tumour formed by the procidentia vesicæ, on the surface of which the rugæ of the vagina may be seen.

Fig. 1. The globular pessary. *Fig.* 2. The oviform pessary. These are the forms of pessary best adapted to the cure of this disease.

B
A
D

PLATE V.

This plate shews the Carcinomatous Thickening of the Rectum. A longitudinal section has been made of the gut, which displays the disease, and also the narrowed part of the intestine, which the firm and unyielding nature of the disease renders permanent.

A. The cavity of the intestine in a healthy part.

B. A healthy part of the intestine.

C. The cut surface of the carcinomatous tumour, in which may be perceived some spots of a darker colour: these are not unusual in such tumours.

D. Another cut surface, in which those white lines described by Dr. Baillie are very evident.

PLATE VI.

A very distinct view of Carcinoma Uteri, and of the changes which take place in that viscus in consequence of this disease.

A. The carcinomatous tumour seated at the posterior part of the cervix of the uterus.

B. The os uteri much enlarged, which forms one of the principal characters of this disease, especially when the sides of the opening are hard and resisting. A small portion of the vagina is left surrounding the opening.

C. The cavity of the uterus near the cervix.

D. The cavity of the uterus near the fundus.

E. The fundus of the uterus.

The sides of the uterus are kept asunder by two pieces of quill placed transversely across the preparation.

E
D
C
A
B

Pl. 7.

Drawn by J. Shedder

PLATE VII.

A posterior view of the same preparation.

A. shews a section of the carcinomatous tumour, a part of which only could be exposed in Plate VI.

B. The fundus of the uterus.

As the size of this drawing does not exceed the actual size of the preparation, it is obvious that all the parts of the uterus have undergone some degree of enlargement.

PLATE VIII.

This engraving shews a Polypus of the Uterus.

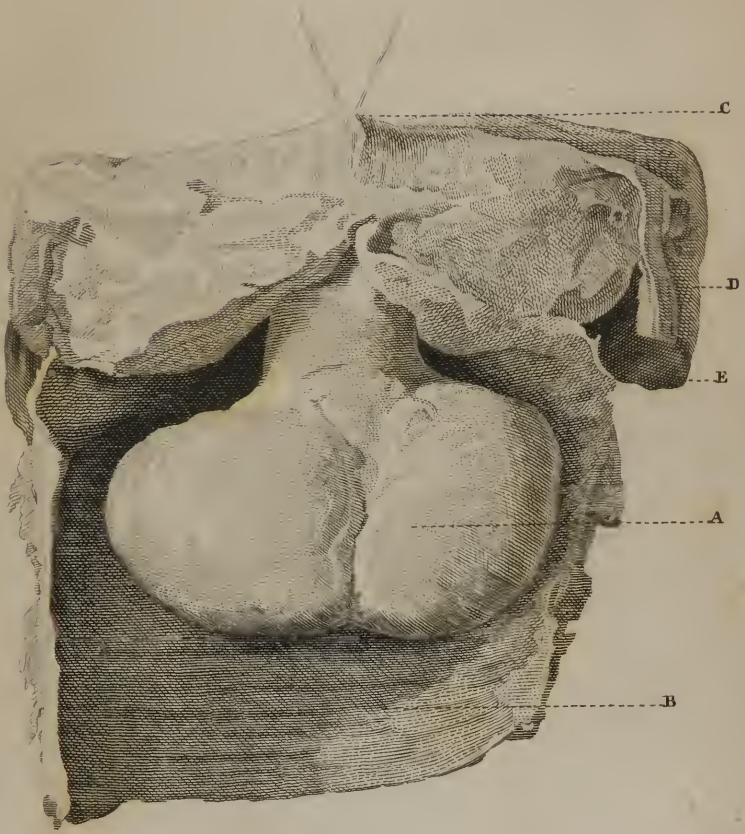
A. The polypus, in which may be perceived a longitudinal depression made probably by the meatus urinarius. It is attached to the fundus of the uterus by a small neck. The tumour has descended out of the uterus into the vagina, which has been slit open to bring it into view.

B. The vagina; a few rugæ remaining below the tumour. Higher up they are obliterated by the distention of the parts.

C. The fundus of the uterus, by which the preparation is suspended.

D. One of the round ligaments.

E. A part of the left ovarium.



J. Drayton

Pl. 9.

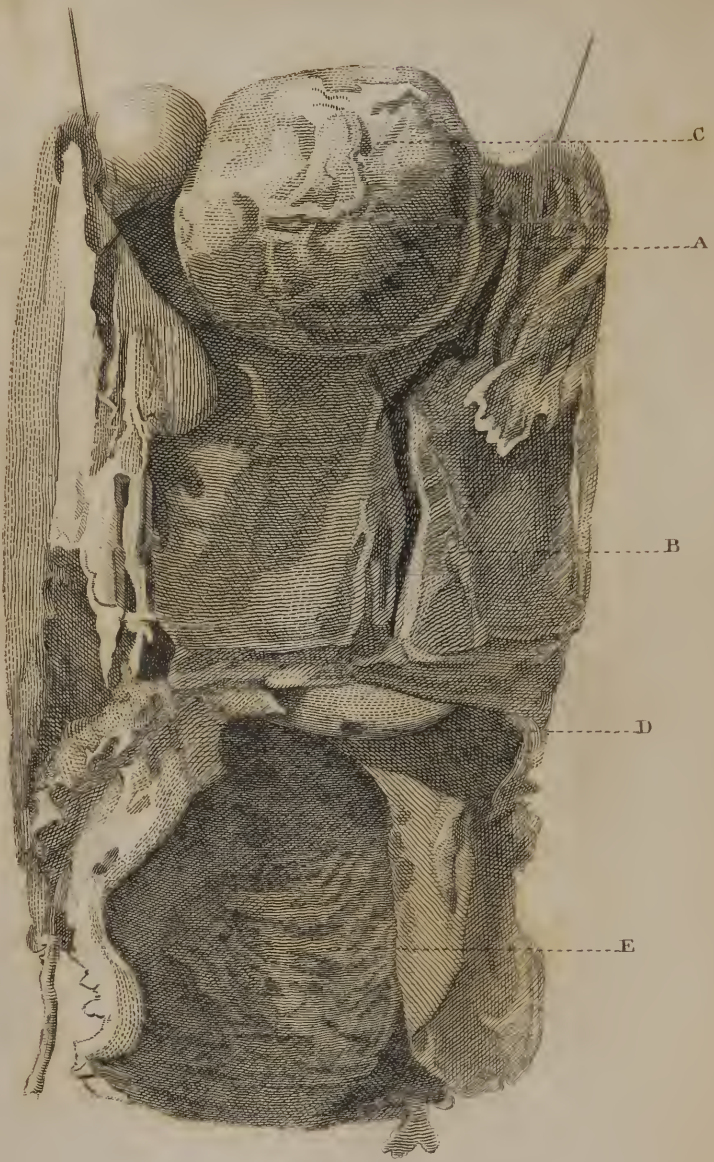


PLATE IX.

Fleshy Tubercle of the Uterus.

A. The edge of the tubercle.

B. An incision made from the fundus of the uterus to the cervix, which shews that the sides of the uterus are not thickened.

C. The surface of the tubercle, having several irregularities upon it.

D. The os uteri, having undergone no change: indeed its appearance, together with that part of the uterus which projects a little into the vagina, may be looked upon as a specimen of a perfectly healthy os uteri.

E. The vagina slit open: the rugæ, and the very irregular manner in which they are disposed, are also very correctly shewn.

PLATE X.

At the lower part of the plate there is a rod for passing a ligature round a polypus of the uterus. The handle is made hollow, so as to admit a part of the rod, which is secured by a spring in the handle.

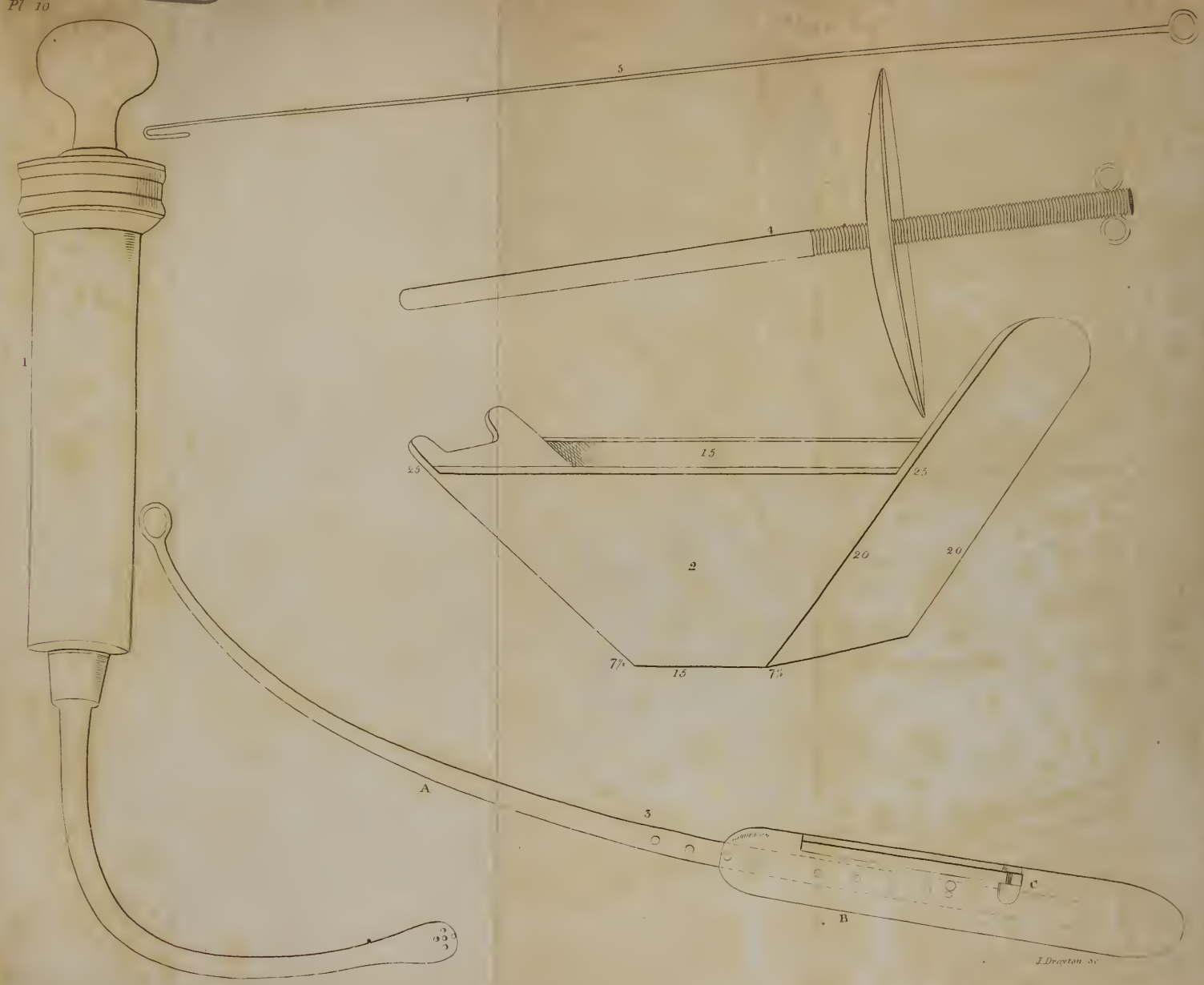
At the upper part of the plate is a wire, by means of which the ligature can be drawn through the canula.

Immediately below this is the canula, furnished with a shield, to prevent the instrument being pushed into the vagina higher than intended by the operation.

In the centre of the plate is a drawing of a hip-bath, the dimensions being given in inches. On the left side of the plate is described the best form of a female syringe.

END OF PART I.

Pl 10



PART SECOND.

OBSERVATIONS,

&c.

INTRODUCTORY REMARKS.

Impressed with a belief that the diseases affecting the female organs of generation were not generally known to practitioners, and that they were consequently imperfectly understood, and flattered by the hope that some advantage might be derived from an attempt to classify them, and to describe them more fully, the author was led some years since to offer to the profession the former part of this work, comprehending such a division of the subject as appeared to be likely to place it in a clearer point of view than any which had been before attempted. The profession having been pleased to receive the undertaking favourably, and to overlook its errors in consideration of the good intention with which it was composed, the author now produces this Second Part of his work.

In the first volume many diseases were treated of, which, from their frequent occurrence, were familiar to practitioners; whilst others were described, which more rarely take place, and to remedy which no mode of treatment had been suggested.

The vascular tumour, or excrescence of the meatus urinarius, is an example of a disease most distressing to the patient, passing wholly without notice by writers on this branch of surgery. The symptoms of this malady being now known, and the practitioner put upon his guard respecting it, the disease may be easily ascertained, and readily removed. Many cases of this disease have come to the knowledge of the author, in which the mode of treatment which he recommended has been carried into effect by other surgeons, and the patient thereby cured.

In the present volume it is intended to enter into the consideration of a number of diseases, which have hitherto been little distinguished from each other, and which have been treated with little regard to any principles. It is to be lamented that many of

them proceed invariably to a fatal termination; but whether this progress is to be accelerated or retarded, depends upon the knowledge of the practitioner. The situation of the patient is still more to be deplored, because many of them are attended by great pain; but whether that termination is to be hastened or postponed, whether that pain is to be aggravated or subdued, whether the patient is to be allowed to expire in torture, or to slide into eternity with moderated suffering, will be determined by the information of the medical attendant, and by his acquaintance with those means of diminishing the physical ills of humanity with which Providence has been pleased to bless the practitioners of the healing art.

CHAPTER XXIII.

The author has comprehended all the discharges from the vagina under the following heads:—

1. Transparent mucous discharge.
2. White mucous discharge.
3. Watery discharge.
4. Purulent discharge.
5. Sanguineous discharge.

The first of these, Transparent Mucous Discharge, has already fallen under consideration. It has been seen that it accompanies a variety of morbid states, and that it forms a leading symptom of many,—that in itself it becomes, although unattended by any change of structure, or alteration of the relative situation of parts, a very important disease.

The os externum is an opening out of which all discharges from the vagina must flow; but their sources are as various as their peculiarities of appearance.

The next variety which will be here described is the

WHITE MUCOUS DISCHARGE.

"This discharge is opaque, of a perfectly white colour; and it resembles in consistence, a mixture of starch and water made without heat, or thin cream: it is easily washed from the finger after an examination; and it is capable of being diffused through water, rendering it turbid."*

The discharge, of which the above definition is given, belongs to one morbid state of the uterus only; but it characterizes that state with marked constancy.

"A morbid state of the glands of the cervix of the uterus probably gives rise to this discharge; at least the cases in which it comes away are those in which the symptoms are referred to this part; and when pressure is made upon it, the woman complains of considerable pain."*

Upon a reference to the above definition, it will be seen that the discharge is easily washed from the finger after an examination, and it is capable of being diffused through water, rendering it turbid. To all these circumstances attention must be paid.

* Vide Vol. I.

The investigation of the discharge must be made when the patient has remained quiet for some time, in order to draw a just conclusion from the appearances; for it is to be observed, that even the *transparent* mucus of the vagina, when secreted in sufficient quantity to run down over the labia, (which have some motion upon each other in the act of walking) becomes also opaque and white. This change is attributable to the entanglement of air with the mucus. A similar circumstance may be observed in the angles of the mouth of hasty speakers, from the saliva entangling small bubbles of air. These have the appearance of whiteness; but if suffered to remain at rest, the air will be disengaged, and the saliva will regain its transparency. Such a mixture of mucus and air will not render the water turbid, with which it may be combined; and this forms a distinguishing mark between it and the white mucous discharge which stands at the head of this chapter.

In many instances, the white mucous discharge is much thicker than cream, having the tenacity of glue; and, perhaps, this is the state in which it comes away from the cervix uteri. This corresponds with the mucus which is separated from the cervix uteri at the commencement of labour. Usually when the white opaque mucus possesses the tenacity just mentioned it does not flow spontaneously, but it remains in the vagina, either until the exertions employed to empty the rectum squeeze out, at the same time, the contents of the vagina; or, perhaps, by remaining in the vagina, it may, by mixing with the mucus of that part, become attenuated.

The white mucous discharge is never met with in large quantity; as might be expected, on considering the small surface of the part by which it is poured out. In women of strong passions, there is reason to believe that the white mucous discharge is always mixed in greater or less quantity with the mucus of the vagina; because in such women, when they are led to consult medical men, on account of profuse secretion from these parts, (to which they are very liable) it will be found that the discharges have a milky hue. It is probable, that in many cases, when the white milky discharge is present, no symptoms are produced which call for remedy, where the discharge, eventually relieving the increased action of the vessels which produced it, spontaneously ceases; but in all cases it is desirable to know the precise nature of the discharge, which has sometimes been mistaken for pus; and both the practitioner and the patient have been led to fear that some formidable disease has existed. Women are the most liable to the white opaque discharge between the age of twenty and the period at which the menses cease. How far it may be a forerunner of important disease in the cer-

vix of the uterus, the author is not prepared to say, partly from the few occasions on which women are inclined to mention the early stages of disease in these organs; and partly, perhaps, from a blamable inattention on his own part to take notes of such cases, so as to enable him to speak with confidence; but reasoning upon the subject, and knowing the fact, that the discharges generally from these organs are found to be increased at the commencement of such complaints, it is not an improbable conjecture, that this secretion from the glands of the cervix of the uterus constitutes a part of them, especially as it is the *cervix* of the uterus which is the seat of *carcinoma*. In the greater number of cases of white mucous discharge few symptoms are produced; but this is not always the case; the patient being attacked by an uneasy sensation in the back and lowest part of the abdomen, which gradually becomes converted into pain. The pain is increased by whatever tends to call the neighbouring parts into action, such as riding; or, by whatever produces pressure upon the part affected. In this way the passage of a hard and large portion of fæces causes much distress; for, not only are the blood-vessels filled in the act of expulsion, but, during the evacuation, constant, and sometimes considerable pressure is made upon the cervix of the uterus; and if the stool be examined afterwards, a quantity of the white mucus will be found clinging to it, which the patient, unless she be very attentive, is apt to consider has passed from the bowels; but in very many cases, when care has been taken to ascertain this fact, it has been demonstrated that no part of such mucus has escaped from the anus. Irritation about the rectum is occasionally an attendant upon the complaint, but not so frequently as irritability of the bladder. The close connexion between the neck of the bladder and the neck of the uterus will account for this, independently of the sympathy which is known to exist between these parts. The desire to make water frequently, it must be observed, is also an attendant upon the early stages of pregnancy; in which state the glands of the cervix of the uterus undergo a change of action, and the symptom ceases so soon as this part becomes quiet again; that is to say, at the end of the eighth or tenth week, at which time the cervix of the uterus is perfectly blocked up, the quantity of the gelatinous mucus not increasing after that period.

The constitution is rarely affected in this complaint, the action of the heart and arteries is not increased, and the functions of health are seldom interrupted.

The menstruation is seldom affected, but it proceeds as it was accustomed to do in such persons. In some instances painful menstruation has been present. Where an examination per vagi-

nam has been made, the external parts and the canal of the vagina have not possessed a more than ordinary degree of sensibility, but upon the finger reaching the cervix uteri the patient has complained of pain, and the uneasiness has been compared to that which has been experienced upon the passage of an evacuation from the rectum; pressure in both cases being the cause of the pain. There is, however, no alteration of structure in the part; no thickening, no peculiar enlargement of the os uteri, no breach of surface; the portion of the vagina which is reflected over the cervix uteri possessing its usual polished and smooth state.

Several cases had occurred to the writer, attended by the syptoms above mentioned, before he ascertained the nature of the disease; but he has now no hesitation in stating, that wherever the white mucous discharge is present, there will be found, on examination, a tenderness of the cervix of the uterus, which will be removed or relieved by the mode of treatment hereafter to be mentioned. It deserves to be remarked, however, that some cases resist all treatment, continuing until at length they appear to wear themselves out; and during their continuance, in many cases, impregnation is prevented.

A lady, about twenty-five years of age, who had been married two or three years, but who had never fallen with child, complained of a considerable degree of uneasiness at the extremity of the back, near the os coccygis; on this account she indulged much in the horizontal posture. She had also been liable for some years to a discharge from the vagina, which, on investigation, was ascertained to put on a white appearance: the general health was tolerably good, excepting that at the periods of menstruation great pain was felt at the bottom of the belly, which lasted for twenty-four hours, during which time the menstruous discharge did not flow freely, but was pale, and occasionally mixed with portions of a stringy substance. On account of the discharge, astringent injections had been employed by a practitioner, who had been consulted, but without any effect upon the complaint or its symptoms. Tonics had also been exhibited without any advantage. An examination being allowed, the uterus was found unusually low, and the neck of it possessed a much greater degree of sensibility than is common; so that, pressure being made upon it, the patient complained much; but this increased sensibility did not extend to the neighbouring parts, neither was there any alterations in the structure of the parts. This lady had been in the habit of taking much riding exercise, and it is more than probable, that to this cause was to be attributed both the tenderness of the cervix uteri, and the descent of the whole organ. Prolapsus uteri being a very infrequent

disease in women, who bave not borne children, the patient was desired to lose several ounces of blood from the loins, to live temperately, to avoid riding exercise, to take only a sufficient quantity of walking exercise to keep herself in health, and to inject some tepid water into the vagina. Sexual intercourse was of course interdicted. Soon after this plan was instituted the symptoms diminished. On account of the painful menstruation, some diaphoretic medicines, with opium, and the use of the hip-bath, were recommended, and the sufferings at the periods were subdued. At the end of three or four months, the complaints were removed; but the patient did not become pregnant.

In the above case it is to be presumed, that violent exercise was the cause of the disease, which was complicated with prolapsus uteri.

In some cases the increased action of the neighbouring parts is excited, and co-exists with the disease under consideration.

A young woman, aged twenty-two, whose habits of life had been very irregular, but who had borne one child at the age of eighteen, was gradually attacked with pain at the bottom of the abdomen, which extended towards the back: although not constantly violent, she never was wholly free from it, but it was always increased upon sexual intercourse, which had been attended with some difficulty in the last three months: a milky discharge attended these symptoms. On making an examination, the entrance of the finger was impeded by an encysted tumour, containing a fluid upon the right side of the vestibulum, and extending upwards towards the vagina. The tumour was as large as a pigeon's egg, and was insensible: on carrying the finger towards the uterus, the neck of this organ was found exceedingly tender upon pressure. As the patient was very desirous to have this tumour removed, and as it was to be apprehended that some hemorrhage might attend the operation, the author was determined to ascertain how far this loss of blood would prove a remedy for the inflamed state of the cervix of the uterus. Accordingly he made an incision into the parts covering the tumour, and dissected it out, being assisted in the operation by Mr. Hewit, the apothecary of St. George's Hospital. The bleeding which followed the removal of the tumour was excessive, and syncope was produced. By plugging up the parts, however, the hemorrhage was at length restrained, the wound granulated, and the sore healed. All the former discharge ceased, and the tenderness of the cervix of the uterus subsided.

The author lost sight of this patient from the year 1813, when the operation was performed, until the month of October, 1819, when he was consulted, together with Dr. Maton, respecting her. The pressing symptom, at this time, was a distended bladder

without the power of expelling its contents; the urine was drawn off with a catheter; and on carrying the finger into the vagina, the uterus was enlarged to the size of a large orange, which having fallen backwards into the hollow of the sacrum, had, by means of its cervix, made pressure upon the meatus urinarius. This disease had taken place since the year 1813, and indeed, in consequence of the continuance of former intemperance, chronic enlargement of the liver was present, and the skin of the patient had assumed a dirty appearance. Profuse menstruation had come on, which had farther debilitated the powers of the system; and the probable termination of such an assemblage of maladies can hardly be doubted.

In the preceding history may be traced the progress of a disease at first shown only by increased action of vessels, which was removed by blood-letting and by rest, for a time: but the flame, though subdued, was not extinguished:—ready to be lighted up, upon the application of those exciting causes, debauchery and intemperance, it was rekindled; and, in all probability, at a period not very distant, will consume the frame which engendered it.

In a young woman who laboured under this complaint two years since, and who was seen by Sir Henry Halford, and by the writer, the attacks of pain referred to the back and to the abdomen were very violent; and the bladder was so much affected, that a great degree of retention of urine was present, so as to require, on several occasions, the use of the catheter. The intensity of the pain in this patient was greater than in any other case of the kind which the author has witnessed.

It is not uncommon to meet with encysted tumours in the neighbourhood of parts where increased action is going on. The author has several times met with such in the labia, and in the cellular membranes about the vagina, when local inflammation has existed in the vicinity. The following case is a further illustration of this fact in the complaint under discussion.

A young healthy woman, who had been married nine months, consulted Mr. Freeman, of Spring-Gardens. Since the period of her marriage, her health had declined, and her strength had diminished. Her menstruation, too, had become irregular; the intervals between the periods being much longer than is natural. Much difficulty attended sexual intercourse, which was always attended with pain. The patient had been liable, also, since her marriage, to a discharge of a whitish mucus from the vagina, at the upper part of which a constant uneasiness was felt. On examination, which was very painful, there was found a tumour as large as a French walnut on the left side of the vagina; and upon the patient being made to strain, it could be brought much

lower. The finger being carried up to the uterus, the pain was greatly increased when pressure was made upon the neck of that viscus, even in a very moderate degree. The constant irritation produced by this uneasiness had accelerated the circulation; which circumstance had produced some degree of emaciation.

As this tumour evidently contained a fluid, it was determined to evacuate its contents; which was effected by puncturing it with the point of a lancet. About an ounce of a clear, colourless fluid escaped. The sides of the cyst collapsed, and the canal of the vagina of course became more capacious. A plan of treatment was directed, with a view to diminish the local increased action, and perfect rest was enjoined. When the author, at the end of a few days, saw the patient again, the tenderness of the cervix uteri was nearly gone; the milky discharge had ceased; no farther accumulation of fluid had taken place in the cyst, and the patient shortly returned to health.

In the two cases last related, it appears that the action of the parts had been greatly increased. In the first, by the notorious irregularity of the patient's life: in the second, by the difficulty attendant upon connexion. Perhaps, also, the parts might be more likely to take on inflammatory action, in consequence of the interruption to the monthly secretion.

Although the author has stated, that, generally, the constitution does not sympathize with the local irritation, the following case will prove an exception to this rule; it being manifest, that great disturbances of the system took place upon the attack of the disease, which diminished as the complaint subsided.

A married lady, between thirty and forty years of age, who was attended by the late Sir Walter Farquhar, Sir Gilbert Blane, Mr. Chilver, and the writer, had for some time been suffering from pain at the bottom of the back and abdomen, which continued to increase for some days, at the end of which a violent paroxysm of fever took place; the rigour was very considerable, and of long duration; and the hot fit which succeeded, was in proportion to it. A repetition of these febrile paroxysms took place at the end of some hours. The pulse was very frequent, and, at the same time, hard. It was thought right to bleed the patient, and twelve ounces of blood were removed from the arm, which, upon standing, put on the usual appearances of blood taken under the influence of inflammatory action.

A solution of sulphate of magnesia, in infusion of senna, was given, and a number of evacuations were procured, upon the surface of each of which the patient observed a small quantity of a substance which looked like a solution of isinglass. At first it was thought that this substance came from the rectum; but it was afterwards ascertained, beyond a doubt, by the patient, that

it was squeezed out of the vagina immediately after the fæces had escaped from the anus. After the bowels had been freely evacuated, small doses of antimony and mercury were exhibited, and the patient was kept in bed upon an abstemious diet. Soon after the removal of blood, and the action of the purgative medicines, the pain abated; and, although it did not entirely disappear for many days, the glutinous discharge from the vagina ceased immediately, and the excitement of the system subsided.

In this case, it is true, no examination was made; but as the usual symptoms of the complaint were present, and as both the pain and the discharge of the white glutinous matter ceased upon the employment of the means employed, there can be little doubt that here, as well as in the former cases, the complaint consisted of inflammatory action of the cervix of the uterus, accompanied by its constant attendant, the peculiar white discharge.

The introduction of a few cases tends greatly to illustrate the history of diseases; and it is hoped that enough has been said to prove, that the presence of the white mucous discharge is attended by pain referred to the lower part of the abdomen and back; that, on examination, the cervix of the uterus is found to be unusually susceptible of pressure, whilst the neighbouring viscera are in a healthy state, and that the anti-phlogistic mode of treatment is adapted to the removal of the symptoms.

In ordinary cases, the most successful mode of treatment is to take away some blood, either by cupping, or by leeches applied to the groins, or to the back; and it may be necessary to repeat the local blood-letting several times. If symptomatic fever should be present, as in the case last related, it will be prudent to open a large vessel; but this is seldom requisite; and all useful purposes are answered by local blood-letting. The hip-bath proves a useful remedy, and the patient may sit in it twice a-day, the water being heated to about ninety degrees. Where the hip-bath cannot be conveniently procured, fomentations of warm water, or of decoctum papaveris, to the back or to the abdomen will be found serviceable; and even during their application, the patient is frequently made much more comfortable. Tepid water, thrown into the vagina with a syringe, constitutes a direct fomentation to the part affected, and it may be recommended with advantage.

It is very useful to keep the bowels in a relaxed state; and, for this purpose, small doses of sulphate of magnesia will answer exceedingly well in plethoric habits, and it may be exhibited in any agreeable vehicle. In languid habits, it may be advisable to substitute expressed oil in its stead. Half an ounce of ol. ricini may be given in the morning, or two drachms in the morning

and at noon, with a drachm of manna. All the purgatives which irritate the lower part of the bowel should be carefully avoided.

Every night, at bed-time, it is an object to exhibit some medicine which will determine the circulation to the surface of the body, and produce a general tranquillity of the system. For this purpose, the following formula may be ordered:

℞ Pulv. ipecac. compos. gr. v.
Camphoræ gr. iii.
Confect. ros. canin. gr. iii. M.
Div. in pilulas tres, omni nocte sumendas, cum hoc haustu;

℞ Succ. limonis ℥ß.
Ammon. carbonat. gr. xv.
Syr. cort. aur. ʒi.
Aquæ menth. sativ. ℥iß. M.
Fiat haustus.

If strangury should be considerable in degree, the exhibition of a larger dose of opium will be found to afford the most ready and certain mode of procuring relief; and for this purpose sixty or eighty drops of laudanum ought to be given. Smaller doses, frequently repeated, may be necessary afterwards. Mucilaginous drinks of different kinds may be taken, and indeed will suggest themselves to the mind of every practitioner.

In all cases where the bladder cannot expel its own contents, and when distention of its coats is produced, recourse should be had to the use of the catheter; for, in addition to the great distress attending this circumstance, the patient may be placed in hazard by inflammation of this part. It is usual with some persons to employ diuretics in this case, and to content themselves with exhibiting nitric æther, and placing their patient over the steam of warm water; but nothing can excuse such a useless practice, and no professional man is warranted in leaving such cases, when he can draw off the urine, an operation, which, if properly performed, is attended with neither pain, difficulty, nor exposure of the person.

It is seldom requisite to keep the patient in bed; but the horizontal position should be persisted in for some time, and all new causes of irritation avoided. After the removal of the complaint, great care should be taken by the patient not to expose herself to those circumstances which were supposed to lay the foundation for the original production of the complaint, lest a renewal of it should be caused by such means; and perhaps the parts take on a disposition to permanent increased action.

The disease which bears the greatest resemblance to that above described, is

INFLAMMATION OF THE SUBSTANCE OF THE UNIMPREGNATED UTERUS,

respecting which a few observations will here be made. It will be observed that, although the pain in both complaints is referred to the same part; in inflammation of the unimpregnated uterus, there will be found not only the pain arising from local inflammatory action, which is of course *permanent*, but also *occasional* pains which come on and retire after the manner of early labour pains. Besides, a milky discharge from the vagina does not accompany inflammation of the substance of the uterus, in which complaint pressure above the pubis greatly aggravates the pain.

Inflammation of the substance of the uterus, is not an unfrequent disease; it is not attended by symptoms so acute as might be expected, when the unyielding texture of the muscular fibres of the uterus is considered: but on the other hand, it is to be recollected that the uterus, with the exception of its cervix, is not a very sensible part; and that is not only defended from external pressure by the circle formed by the bones of the pelvis, but that no solid parts lie immediately in contact with it. In the violence of the pain, there appears to be a great difference between the inflammation of this organ in its impregnated state, or soon after delivery, and in its usual *un*impregnated state. A very ready explanation of this fact presents itself. The viscus, in pregnancy, and soon afterwards, is larger, and therefore there is a greater extent of inflammation; added to which, the nerves and blood-vessels of the uterus become larger in pregnancy, and this part is constantly under the influence of pressure from the muscular parietes of the abdomen, and of the diaphragm in breathing. The complaint is more frequently called into action by local violence than by any other cause: it is not an uncommon consequence of marriage. The application of cold may excite it; but the viscera of the abdominal cavity are much more likely to suffer from this cause than the uterus. The inflammation of the substance of the unimpregnated uterus is attended by a constant uneasiness referred to the pelvis, and this gradually increases, seldom becoming intensely violent, but greatly interfering with the comfort of the patient, who complains of pain sometimes at the bottom of the abdomen, and sometimes in the back. Superadded to the permanent pain, violent pains occur by paroxysms, with irregular intervals: these are of short duration. It appears that these pains are present

whenever inflammation attacks muscular parts, or parts in the immediate neighbourhood of muscular fibres. In inflammation of the stomach they are met with, sometimes causing a sudden pumping up of its contents. In inflammation of the bladder, they are also present, causing one of the great annoyances of that disease—strangury.

In these instances, the inflammatory action becomes a stimulus to the muscular fibres of the organ; and they are made to contract, as upon the application of any other exciting cause. If pressure be made by the hand immediately above the pubis, the uneasiness of the patient will be increased.

A rejection of the contents of the stomach, in very irritable habits, accompanies the disease, but, like all the other sympathies, the frequency of its occurrence will have reference to the disposition to be acted upon, which the patient may possess.

Numerous instances present themselves, in which parts, whose functions are not immediately necessary to the continuance of life, undergo a considerable degree of morbid action, without producing much constitutional disturbance: provided there is no tension of the parts covering them, and that such morbid action does not interfere with the due performance of functions in the vicinity.

Every one at all accustomed to examine dead bodies, must have seen a variety of examples of disease in the kidneys, and in the ovaria, where no symptom of such complaints was displayed in the life-time of the patient. The author has met with large abscesses in them, and in other parts, where no evidence had existed that such complaints were present. Thus, in inflammation of the substance of the unimpregnated uterus, the circulation is seldom found much accelerated, neither is much hardness communicated to the coats of the artery in feeling the pulse. The heat of the body is not much, if at all, increased beyond the natural standard; and, although the tongue may not be clean, it does not possess that slimy whiteness which is so constant an attendant upon peritonæal inflammation.

The disease sometimes lasts a great length of time, if no attention be paid to it; the violence of the symptoms always increasing before each period of menstruation, and diminishing after the period has passed by.

When the disease has continued for some time, the function of menstruation becomes suspended in some women; an occurrence which might be expected from the existence of disease in the organ which performs it: and, under such circumstances, the symptoms of the complaint are aggravated.

When inflammation of any of the viscera of the abdomen or pelvis is found to exist, it commonly happens that practitioners,

anxious to combat and subdue so important a malady, resort to the use of the lancet; but, in inflammation of the substance of the unimpregnated uterus, unless the peritonæum has participated in the disease, the blood drawn seldom possesses the inflammatory crust. Neither will the relief obtained in consequence of the operation, be commensurate with the activity of the means employed, nor be answerable to the expectations of the prescriber. Much more advantage will be derived from topical blood-letting. Scarifications may be made upon the sacrum, and cupping-glasses afterwards applied, or a dozen leeches may be applied to each groin, or across the pubis, and the bleeding may be solicited by the immersion of the hips in warm water, immediately after the leeches have fallen off.

At the end of a week or ten days, the local bleeding may be repeated, and it will be found useful to apply a dozen leeches to the neighbourhood, in the intervals between the periods of menstruation.

Fomentations, consisting of a mixture of tinctura opii, and decoctum anthemidis, in the proportion of an ounce of the former to a quart of the latter, should be used twice or thrice in the twenty-four hours; and if the symptoms should not be disposed to yield, the patient should be kept in bed, and small doses of antimony may be given in a saline draught, once in four or six hours, with three or four drops of tinctura opii, or ʒi of syrupus papaveris.

Purging is known to be so eminently useful in allaying inflammatory action, that it should by all means be employed; and, for this purpose, a full dose of magnesiæ sulphas, or of soda tartarizata, may be given in a draught of infusum sennæ every other morning. The diet of the patient should be light, and not stimulating; but as many of these cases occur in persons of irritable habits, who are seldom found to be strong, it will be desirable not to reduce the powers of the system too considerably.

As, in many cases of inflammation of the substance of the unimpregnated uterus, the symptoms are found to diminish after each period of menstruation; and as in others the complaint has succeeded to an interrupted state of this function, it will be desirable, when the urgency of the symptoms shall have subsided, to endeavour to restore this secretion to its natural state.

With a view to effect this intention, the state of the general health of the patient is to be accurately observed; for nothing can be more unwise and empirical than to subject all patients, under such circumstances, to a similar mode of treatment; and yet such practice is too often pursued, frequently to the increase of the disorder, and on many occasions to the manifest injury of the patient.

There is a class of medicines (formerly called emmenagogues) which were supposed to be capable of exciting a specific influence upon the uterus; and of these, the greater number are either general or local stimulants. It is evident to common sense, that such medicines cannot be exhibited justifiably in all the variety of cases of obstructed menstruation, even were they capable of effecting what is proposed. On no subject, perhaps, have there been more erroneous notions entertained, or more injurious directions given than on that of diseased menstruation. Prejudice has occupied the place of science, and a popular nostrum has been exhibited, often without, and sometimes with, the concurrence of the practitioner.

Cases of suppressed menses having been regarded as arising from debility of the system or of the local vessels, it has been too frequent a practice to resort in all cases indiscriminately to the same supposed means of relief,—to the exhibition of chalybeates, gum resins, irritating purgatives, and cantharides. No diseases admit of being treated so generally; even the most simple complaints require care in their management; in the cure of the itch by brimstone, the skin of one patient will be inflamed by a preparation of this drug, which will produce no mischievous effects in another. If there are cases of obstructed or suppressed menses, where the fluid is tardily secreted, in consequence of general or local debility, there are many others in which an opposite state of the frame becomes the cause of their production. The reason is obvious:—the function of menstruation, like the other functions of the body, is best performed when the system is in health. Now, health is not constituted by excess of fulness, or by the performance of violent actions, any more than by debility, or enfeebled action; consequently, the exhibition of stimulants will not influence this secretion, unless attention be given to the restoration of the general health of the patient, even in cases of debility. Still less will such a mode of treatment be applicable to cases of interrupted menstruation occurring in plethoric habits, where the presence of the plethora itself is the cause of the interruption of the due performance of the natural secretions.

Instead then of resorting to such measures, to the employment of the whip and of the spur in such cases, (where if they do any thing, they do mischief) let the morbid peculiarities of the constitution, and the habits of life of the patient be taken into consideration; let the first be counteracted, the second be improved; let the sanguine have her excess of fulness diminished, let the debilitated have her powers augmented; in short, let the general health be amended, and the functions of health will be restored.

The different secretions of the body are governed by the same laws, are affected by the same causes; a derangement of one of them can seldom exist long without being attended by a disturbance of the rest; and constitutional derangement will interrupt almost all of them.

Every day's experience shews that when the secretions of those organs, which are esteemed of the greatest importance to health and life, are duly performed, other secretions, which appear to be in unison with them, proceed also with the greatest regularity; and *vice versa*. When the liver becomes indolent, and no bile is secreted, the mouth becomes clammy, the urine scanty, the skin dry, and, perhaps from the latter circumstance, hot; a harsh skin being an almost constant attendant upon a diseased state of the secretions subservient to the process of digestion. But let means be taken to restore the function of the liver; with the increased secretion of bile will be found a return of saliva, a more abundant discharge of urine, and a soft skin. So, in that constitutional affection called fever, the secretion from the skin, the mouth, the liver, and the kidneys, is interrupted; but, the febrile action having subsided, they one and all return. No man in his senses would think in such a case of giving his patient diuretics to excite the kidneys; mercury, the liver; pyrethrum, the salivary glands; or of applying heat to produce sweating;—no man in possession of reason would attribute the presence of the fever to the want of one or the other of these secretions: but let the case be changed; let obstructed menstruation be a feature of it; the patient and her friends are possessed with a notion, that this circumstance is the cause of all the other ills; a similar impression is made too frequently upon the mind of the medical attendant, who, from that moment, directs all his attention to the uterus, and subjects his patient to a course of myrrh and steel.

Accidental circumstances, as the application of cold or fatigue, may have proved the original cause of interruption to the menstrual discharge by exciting an attack of fever: In this case let the patient remain quietly in bed; let her be supplied with cool drinks; let her bowels be kept free; and, if any medicine is to be given, let it be a saline draught occasionally: the effect of such a mode of treatment will be to remove the febrile symptoms; when, health being restored, the functions of health will be performed.

It is by no means uncommon to meet with cases of amenorrhæa produced by a disproportion between the wear and tear of the system, and the supply of food. Luxurious living, or a very sedentary life may have produced a plethoric unhealthiness of the constitution incompatible with the performance of the natu-

ral functions: in such a subject, abstemiousness with increased exercise will of themselves prove advantageous remedies; and although no regard be paid to the menstruation, it will frequently spontaneously return.

If however these remedies should not of themselves be sufficient to remove this state of the system, recourse must be had to venæsection and the employment of saline purgatives. It should here be remarked that full bleedings are in this case much more useful than the frequent removal of small quantities of blood. The patient should not lose less than from sixteen to twenty ounces of blood at once. Under ordinary circumstances it is very immaterial from what part of the body the blood is taken, provided the vessel is large and the orifice in the vein sufficiently so to allow the blood to escape rapidly; but if there should be any evidence of local congestion, it will be right to remove the blood from the neighbourhood of that part, as from the external jugular vein when there is pain in the head and giddiness.

If, lastly, in consequence of confinement, breathing an impure air, or low living, the patient's general health should have suffered, and debility attended by obstructed menstruation should have been produced, constituting the true case of chlorosis, it will be necessary to invigorate the frame by every means in our power.

The efforts of the art should be first directed to strengthen the stomach by the lighter bitters, and by food of the most digestible kind, proceeding by slow degrees to the use of tonics of greater power, such as bark and steel.

The constitutional weakness having been removed and its powers renovated, if the menstruation should not return, then and not till then, should stimulants be substituted for, or added to, the remedies before employed.

It is probable that there are no medicines which exert a specific effect upon the uterus, and that those which have been employed with this view have either been wholly inert, or that they have acted either as general stimulants, or as stimulants upon those parts in the immediate neighbourhood of the uterus.

Volatile alkali, spices, essential oils, and wines are the general stimulants in use; to which may be added the use of the cold bath when not contra-indicated. Cold bathing is, however, very obnoxious to particular constitutions, and it is never advisable when the stomach has more than its proportion of weakness.

The stimulants which exert their influence upon parts in the vicinity of the uterus are sabina, lytta, helleborus niger, many of the resinous gums, electricity, and horseback-exercise.

The most convenient mode of exhibiting the savin is that of

the tinctura sabinæ composita, of which ʒi may be given three times a day in some aromatic bitter draught.

℞ Infus. cascarillæ, ℥i.
Aquæ pimentæ, ℥ß.
Tinct. sabinæ comp. ʒi.
Syrup. zingiber: ʒi M.
F. haustus ter die sumendus.

The quantity of the tinctura sabin. compos. may be increased to ʒiß. or ʒii.

The internal exhibition or the external application of lytta causes irritation of the urinary passages, with which the uterus sympathizes. The knowledge of this circumstance (sometimes a great inconvenience when blisters are applied) is available in the case of obstructed menstruation. A blister may be applied occasionally to the region of the sacrum.

The safest mode of exhibiting this medicine internally is in the form of the tincture. The patient may commence with ten drops, which dose may be increased to thirty; the vehicle may be infusion of cascarilla, or any other warm tonic.

Black hellebore is a drastic purgative, and, when given as an emmenagogue, should be employed in such a dose as will produce an effect upon the bowels. The uterus is probably affected from juxtaposition. It may be substituted for the tinctura lyttæ in the last prescription, and it may be given in the dose of ʒi. or more.

Myrrha, thus, galbanum, aloës, the last especially, possess the power of stimulating the lower part of the rectum, and unless they are given so as to produce this effect, they will be found of little service beyond that of causing the expulsion of the contents of the alimentary canal; but even with this intention, they become more useful than purgatives of any other class; as the bowels are unusually torpid, and yield to the action of such medicines more readily than to that of either the oily or the saline kind.

If the patient should be distressed by excessive irritation about the anus, an ounce of infus. lini may be injected once or twice daily, and the medicines intermitted for a few days, or until these symptoms shall have subsided.

In cases of dyspepsia in either sex, which are not accompanied by organic disease of the viscera, riding on horseback is acknowledged by all practitioners to be a valuable auxiliary in the treatment of the disease, as it enables the patient to take exercise without much fatigue; whilst at the same time the descent of the contents of the stomach and bowels is favoured by

the agitation of these parts, and by the action of the abdominal muscles upon them. Not so when organicchanges are suspected to exist: as these have inflammation for their basis, it is evident that whatever excites action in such parts will augment the mischief, which will indeed manifest itself by an increased tenderness of the part or by an accelerated circulation.

The same observation may be made respecting the uses of tonics and stimulating purgatives, which, however useful they may prove in cases, where the powers of the stomach have been weakened by fatigue, watching, or anxiety, never fail to aggravate that embarrased state of the chylopoietic viscera which is symptomatic of active disease of the uterus, or attendant upon the altered organization of the viscera themselves.

Under a treatment of a mild character, the occasional application of a few leeches, the administration of a little manna, oil, or magnesia and small doses of hemlock, and under a diet at once soft and nutritious, but by no means stimulating, the author has known several instances of patients living many years, even where emaciation had taken place to a great degree; when, after death, disease (the result of slow inflammatory action) was discovered, and that to a considerable extent, in the pylorus, the small intestines, and the liver. Physicians have of course much more frequent opportunities of witnessing such cases.

The remaining emmenagogue is electricity, the powers of which are very considerable in exciting the uterus to vigorous action. By means of it, a great number of cases of amenorrhœa have been cured, when no other means had been successful. The muscular fibres of the uterus, like those in other parts of the body, are probably stimulated by it, and the circulation of blood through the organ carried on with greater energy, and perhaps the secreting extremities of the arteries are themselves excited; but as the author has known many instances of its good effect, and two or three when the patient has menstruated upon the insulated stool, the *modus medendi* is of little consequence. Like many other of the emmenagogue remedies, it can never be useful, until the powers of the system have been restored, and until the general health has been established. Even were this otherwise, it would be imprudent to employ them, as every loss which the constitution sustains, is a loss of so much power, and this at a moment when it is as great an object to save strength, as to give it.

The electrical shock is the only advantageous mode of applying the remedies; sparks are of no service. The patient should therefore have several shocks passed through the pelvis daily, both from before to behind, and from side to side. The strength

of the shock should be increased as the patient may be enabled to bear it, and it should be resorted to at those times, especially, at which any indications of the menstruating function should present themselves.

The author has been induced to make these few observations upon the subject of interrupted menstruation, in the hope that they may prove useful to the younger members of the profession, who are compelled to collect their information and experience upon these subjects very slowly.

To return to the subject of Inflammation of the Cervix of the Uterus.

These cases occur frequently in those habits, in which the blood is distributed through the different parts of the body very unequally, and in such cases it will generally be found that the system is unusually weak; there appears here to be a resemblance between inflammation of the cervix uteri, and those cases of inflammation of glands met with in different parts of the body, as in the neck, the axilla, the groins, and especially in the mesenteric glands of children.

These cases do not admit of being treated by antiphlogistic remedies, or by low diet; on the contrary, they will be usually accompanied by a slow formation of bone, or by thickening of their extremities in the long bones; by a flabbiness of the muscles; by a want of tone in the integuments; by symptoms which demand the employment both of medical and culinary means of restoring the failing powers of the constitution.

The cervix of the uterus is a glandular part: its secreting organization can be demonstrated. It is subject to the diseases of glands in other parts of the body, and, in all probability, will be particularly liable to take on disease in habits which are prone to other glandular complaints, namely, in weak habits.

The majority of cases of disease in the breast and in the testicle arise in such persons.

It will accordingly be right, whenever inflammation of the cervix of the uterus occurs in such a frame, to endeavour to invigorate the system, and to equalize the balance of the circulation: an object frequently attainable by the exhibition of tonics, amongst which, the Peruvian bark and some preparations of iron, are the most serviceable. Of the former, the decoctum cinchonæ; of the latter, the tinctura ferri muriatis, will generally best fulfil the intentions of the practitioner.

It must, however, be confessed that cases of unequal distribution of blood, whether the determination be made to the head, the chest, the uterus, or any other organ, are very unmanageable, and often baffle all the endeavours of the practitioner to regulate or remove them.

In conclusion it must be observed, that a great point is gained in ascertaining the true nature of this disease, of which the milky discharge is symptomatic; for thereby the physician or surgeon is led to direct such measures as may tend to remove its cause, instead of those astringents too often employed in such cases; besides which it should be recollected that the cervix of the uterus is the most sensible part of the whole viscus; and that it is the cervix of the uterus which carcinoma always selects as its point of attack. Surely, then, it is not too much to apprehend that slow inflammation in the glands, seated in this part, may lay the foundation for the commencement of carcinoma; or, perhaps, for other alterations of structure in its neighbourhood. On all of these accounts, it is prudent and desirable to endeavour to remove as quickly as possible any of its diseases, but especially one in its own nature so important as inflammation.

CHAPTER XXIV.

WATERY DISCHARGE.

By the above term is meant that form of discharge which resembles clear water, having no colour, and which contains very little glutinous matter, sometimes none at all.

The variety in the thickness of these discharges probably depends upon the greater or less quantity of albumen diffused through them.

It is intended to comprehend the history of three different diseases under the head of "Watery Discharge."

CAULIFLOWER-EXCRESCENCE OF THE OS UTERI.

HYDATIDS OF THE UTERUS.

THE OOZING EXCRESCENCE OF THE LABIA.

These three are the only diseases which, in the knowledge of the writer, are attended by watery discharge of the character described above.

It is true that women are liable to an escape of water from the os externum; but such fluid will, upon examination, be found to possess the sensible and chemical properties of urine. A few observations will be made hereafter respecting these cases.

CAULIFLOWER-EXCRESCENCE OF THE OS UTERI.

Perhaps no organ in the body is liable to a greater variety of diseases than that which forms the residence of man during the first nine months of his existence. In consequence of affording this nidus to the ovum, and of sustaining and expelling it when labour comes on, it became necessary that its structure should be very complicated. It accordingly is found to consist of many parts, possessing different kinds of organization adapted to the purposes for which they were intended. Its outer membrane, therefore, becomes liable to diseases of the peritonæum: its muscular structure to irregular actions, and to the formation of tumours in that structure, as well as in the cellular membrane connecting the packets of fibres to each other. Its internal membrane, performing the double office of the permanent secretion of mucus, and the occasional secretion of the menstruous fluid, by the extremities of small arteries which terminate upon its surface, becomes subject to the diseases of mucous membranes; and it is, perhaps, more liable to attacks of inflammation than any mucous membrane in the body.

The cervix of the uterus differs from the structure of the other parts of the organ in being glandular, and thence it becomes subject to the diseases of glands; whilst the termination of this part in the vagina, at the os uteri, where it is covered by the inner membrane of the vaginal canal, is disposed to take on different forms of disease, one of which forms is that which stands at the head of this chapter.

A more appropriate name could not have been given to this disease, than "the cauliflower-excrescence." There is a striking resemblance between itself and a portion of the upper surface of a cauliflower, or a head of brocoli. The surface is granulated, and it consists of a great number of small projections, which may be picked off from the surface, as the granules may be detached from the vegetable. The firmness of the tumour agrees also with that of the plant—here the granules will be large and irregular, there small and equal.

A membrane, very fine in its texture, is spread over the surface of the tumour, and from this membrane is poured out that aqueous secretion which characterizes, in a marked manner, this disease.

As the tumour occupies the upper part of the vagina, it is of course concealed from view; but in three or four cases, in which the size of the tumour was so large as to fill the whole canal,

and to protrude between the labia, the author was enabled to see the disease, and the colour of the tumour was found to be that which may be called a bright flesh-colour.

If the membrane covering the tumour has been injured in an examination, the blood-vessels immediately beneath it pour out their contents, which appear to be florid red blood, resembling that which is contained in the arteries of the body generally. The quantity of blood which so escapes will be proportioned to the extent of the injury inflicted upon the tumour. Similar discharges of blood sometimes spontaneously take place in those habits in which plethora exists, or where the circulation has been hurried by any exciting cause.

The cauliflower excrescence is not endowed with sensibility, the patient never complaining when pressure is made upon it. Its attachment is to the surface of the os uteri, and to that alone; it never can be traced into the cavity of the uterus. A small part of the os uteri may give rise to the disease, or the whole circumference of the opening may be occupied by it.

The growth of the tumour is sometimes very rapid; but the enlargement seems to be much influenced by the power of contraction of the vagina; so that when this canal is very dilatable, as in married women who have borne many children, the tumour will very quickly increase in size; whereas, the pressure of the sides of a less capacious vagina, as in single women, will greatly tend to control its enlargement, acting like a bandage upon it. The knowledge of this fact is available in the treatment of the disease.

When the tumour is of so large a size as to protrude beyond the labia, it branches out on either side, and, by pressing and irritating the surfaces between which it lies, it not unfrequently causes ulceration of them.

Hitherto it has not been ascertained what circumstances produce in the parts a disposition to take on the formation of this disease. It might be conjectured, that an injury inflicted upon the os uteri in labour, either by the head of the child, or by violent attempts made to dilate it, might become an exciting cause; but many examples are to be met with, in which such injury has been done to the os uteri, and no such disease has followed. Married women who have never been pregnant, nay, single women, are liable to the complaint, in whom no violence can have been offered to the os uteri.

It cannot be traced to any syphilitic cause. The common prostitutes of this metropolis are by no means more liable to it than any similar number of women in different stations of life. The disease arises as often in the strong and robust as in the weak; in persons who live in the country, as in those who inhabit large

towns; in those whose situation in life obliges them to labour, as well as in those who, from their rank in society, sometimes consider themselves privileged to be useless members of it.

No period of life, after the age of twenty, seems to be exempt from the disease. The author has known it fatal at the age of twenty; and he has met with the disease at different periods of life up to old age. The complaint may arise, perhaps, before the woman has reached her twentieth year, but no such case has occurred in the experience of the author.

It has been observed above, that arterial blood escapes from the tumour when injured; indeed the tumour appears to be made up of a congeries of blood-vessels, and these blood-vessels are arteries; the infinitely small branches of these vessels, terminating upon the surface of the tumour, exhale in the most abundant manner an aqueous fluid.

Perhaps some small arteries near the os uteri may undergo that morbid dilatation of their coats, which is analagous to aneurism in larger trunks, and thus the disease may be produced. Something similar to this takes place in the arterial, or blood-red nævus, but here the surface, being covered by cutis and cuticle, no moisture of the part is met with; but if the surface of such a nævus should be injured, arterial blood escapes.

May such a state of blood-vessels exist at the time of birth, remain concealed in early life from the very small quantity of blood which circulates in the organs of generation at this age, and be developed at that period at which blood rushes with greater force and in greater quantity, to enlarge these organs, and in the female to render them fit for the performance of new duties?

It may be that the increased circulation which is present at puberty, may not be sufficient to elicit the phenomena of the complaint; the stimulus of marriage may be required in some, whilst in others, the further developement of the organs in pregnancy, or the exertions of labour may be necessary to call forth the morbid symptoms of such hitherto dormant disease.

In a paper upon the subject of the cauliflower-excrescence of the os uteri, contained in the third volume of the "Transactions of a Society for the Improvement of Medical and Surgical Knowledge," by the author's brother, the late Dr. Clarke, it is stated "that he had never been enabled to find a specimen of the disease in any collection of anatomical preparations; he sought for it in vain in the collections of the late Dr. William Hunter and of the late Mr. John Hunter; and in all the inquiries which he had made amongst those who had the best opportunities of finding it in the dead body, he was never able to procure a specimen of it."

No one had seen a tumour resembling a cauliflower-excrescence in the dead body: why they had not will presently appear.

Some years ago a lady died of this disease: she had been examined a short time before her death; and in the vagina a tumour of the cauliflower-excrescence kind was found, arising from three-fifths of the circumference of the os uteri: on the day following that upon which she died, an examination of the body was made by the author in the presence of his brother, and of Mr. Alexander Sheddon.*

Upon dissecting out the uterus and its appendages, and slitting open the vagina, no tumour was found there; although, in the last examination which was made in the life-time of the patient, an excrescence was discovered nearly as large as a hen's egg: but, from that part of the os uteri to which the tumour formerly adhered, a soft, flaccid, slimy, whitish substance, hung down, which looked like the fœtal portion of the placenta of a calf, after it has been macerated in water. The body and fundus of the uterus were sound.

An attempt was afterwards made to inject this flocculent substance with size and vermilion, thrown into the arteries of the uterus; but although the blood-vessels of the uterus itself were abundantly filled with the injection, and although the flocculent mass itself received the injection, the fluid escaped from its surface as fast as it was thrown in from the pipe of the injecting syringe.

The author has the preparation at present in his collection: the flocculent mass is heightened in colour by the small quantity of injection which remained in its vessels; but it floats lightly in the spirit in which the preparation is suspended, as it did in the water in which it was at first macerated.

Margaret Pole, the mother of eight children, discovered that she was pregnant in the beginning of the year 1810. From the commencement of the pregnancy to its termination, she had a profuse watery discharge from the vagina, which was, upon any trifling exertion, mixed with blood.

The practitioner who was called to the patient on the first of July, found her in labour, and made the usual examination: upon carrying his finger into the vagina, he found a large tumour there, resembling placenta; and as, upon endeavouring to ascertain its extent, a large discharge of blood followed, it was determined that the author should be called in. In addition to the hemorrhage, the patient was constantly vomiting; from the concurrence of which two circumstances a state of great exhaustion was produced: the pulse was very feeble and frequent, and oc-

* An ingenious surgeon, to whom the writer is indebted for the drawings of many of the diseases described in the first volume of this work.

casionally appeared to be lost, when an effort to vomit, or a violent struggle of the frame, which threatened to terminate the existence of the poor woman, again excited the action of the heart, and a sort of half-existence was thus carried on.

When the author examined the patient, he found within the vagina a substance which nearly filled it, and which felt like the placenta; but upon tracing this upwards, he ascertained that, instead of coming down through the os uteri, as in presentations of the placenta, it actually constituted a portion of it, so that there was scarcely any part of the circumference of this opening to which the tumour was not attached. At this time the os uteri was not much dilated. It was agreed that the patient should be supplied frequently with nourishment, and that the usual local modes of restraining uterine hemorrhage in labour, with the exception of delivery, should be resorted to.

When the patient had passed over a few hours, the os uteri was more open, the uterus was in occasional action, and there was a profuse discharge of a watery fluid, tinged with blood.

Under this lamentable combination of circumstances, the existence of a formidable and fatal disease, and the presence of labour, the great question was, how the patient should be treated. The head was too low in the pelvis to admit of the child being turned; to open the head would have been to destroy the child, supposing it to be still alive, to afford no advantage to the woman; to perform the Cesarean operation, would have caused, in the deplorably weak state of the mother, her immediate death, and that when it was doubtful whether the child was alive or not.

As the tumour was evidently of the cauliflower-excrescence kind, and as it was probable that, being so, it would be diminished in bulk by the pressure of the child's head in its descent, the contents of the blood-vessels being thus squeezed out, it was determined to wait, and to watch the progress of the labour, the friends of the patient having been informed of her perilous situation. Eventually, that which was anticipated happened; the contents of the tumour were squeezed out; the child passed naturally through the vagina; but the woman was attacked with other symptoms of a sinking frame; apthæ appeared upon the tongue and the inside of the cheeks, and she sunk upon the third day after her delivery.

The body was examined; and upon cutting open the vagina, the tumour had wholly disappeared, there remaining in its stead loose irregularly-shaped flocculent portions of matter, which arose from every part of the circle of the os uteri. There was nothing else found remarkable; and the uterus was as much contracted as it is usually found to be about three days after delivery.

An attempt was made in this case also to inject the tumour; but all efforts to do so were unavailing: the fluid escaped from the surface, and from the interstices of the flocculent mass, as quickly as it was thrown in by the injecting syringe.

The above cases contain histories of a tumour arising from the os uteri, possessing a firm texture during life, but losing this firmness after death. The circumstances of the disease resembling a portion of the placenta, so as to be mistaken for it at first, is too remarkable to pass without further notice. A carcinomatous thickening of the os uteri may exist during labour, and the patient has been destroyed very shortly afterwards, by ulceration taking place. The author has a preparation of this kind; but a carcinomatous thickening of the os uteri bears no resemblance to the cauliflower-excrescence, and its size remains unaltered by pressure, and undiminished by death.

Why then do the cauliflower-excrescence and a portion of the placenta resemble each other so closely, that the one has been mistaken for the other? They differ only in name; the structure is the same. The placenta consists of blood in blood-vessels; the cauliflower-excrescence consists of blood in blood-vessels. In a presentation of the placenta there is hemorrhage; so there is when the cauliflower-excrescence is injured.

Nothing can be better marked than this similarity; and if there was no further evidence to prove that the nature of the disease was a distended set of blood-vessels, it would be rendered sufficiently probable from this resemblance alone.

The vessels of the pia mater, in the dead subject, resemble a flocculent mass, when drawn out of the interstitial spaces between the convolutions of the brain where they ramify, and they scarcely put on the appearance of having been blood-vessels; but, let injection be thrown into them, they readily become distended, and their real structure is rendered immediately evident.

In other parts of the body, small blood-vessels, very visible during life, are emptied of their contents into the larger trunks when death takes place; nay, in fainting, which is a near approach to death;—for example, in the membrana conjunctiva, the lips, the skin, and in most parts of the body where the ramification of small vessels can be distinguished.

If, in an examination, a small portion of the cauliflower-excrescence be detached, and if it be pressed between the fingers, or macerated in water, its volume will be found to decrease very rapidly; in the one case blood will be squeezed from the blood-vessels, and in the other diffused through the water; and in both a flocculent mass will remain, resembling the appearance of the cauliflower-excrescence after death.

That the blood-vessels so distended in this disease, consist

principally, if not wholly, of arteries, is to be collected from their contents, the colour of which resembles that of arterial blood, which is not returned into the general circulation by the termination of these vessels in small veins, but is carried off principally in that profuse watery secretion which causes such expenditure of the powers of the frame.

In the case of Margaret Pole, last related, the tumour was large enough to fill the cavity of the vagina entirely, which may be accounted for by the greater determination of blood made to the uterus in pregnancy by the hypogastric arteries. Reasoning upon this circumstance, it may be fairly presumed, that as whatever tends to increase the flow of blood to the uterus, aggravates the symptoms of the disease, by increasing its volume; so, whatever has the effect of rendering the circulation less active in this organ, will diminish the growth of the tumour.

Various attempts had been made by the writer to procure a specimen of this disease, which might illustrate its nature, in his lecture-room; but all his efforts were fruitless. The uteri taken from the patients whose cases have been described, and which are in the collection of the author, show the pulpy mass, but by no means demonstrate the appearance of the tumour during life.

In the removal of some of these tumours by ligature, it has been hoped that, upon the coming away of the ligature, the tumour would have been found in the vagina; but this hope has not been realized; the supply of blood having been cut off by the ligature, the blood has oozed from the tumour, and all which has been left has been a small pulpy mass.

The following case will serve as a correct picture of the disease in its progress; its diminution by astringents; its arrest by the ligature; its ultimate termination in the destruction of the patient, and the appearances found after death.

A lady, sixty years of age, the wife of a physician at Bath, had suffered under great debility for some months, during which time she had been liable to a profuse watery discharge. The symptoms increasing, and threatening her life, she came to London, and was placed under the care of the author. She was generally anasarcous; had great difficulty of breathing, being incapable of lying down, from an apprehension of suffocation. The pulse was very weak and irregular, and the lips and tongue were bleached by the constant drain from the blood. The appetite was nearly lost, and the powers of converting the small quantity of food which was taken into nourishment were almost wholly gone.

These symptoms commenced six years before, and had gradually increased to their present degree. On examination, a tumour of the cauliflower-excrescence kind was found in the vagi-

na, nearly large enough to fill that cavity. By the frequent use of strong astringent fluids poured in the vagina, the discharge was in some degree controlled in the year 1811; but in the summer of 1812, alarming hemorrhage came on, which lasted during many days. These discharges of blood took place very suddenly, (to use the patient's expression) as if some vessel had broken.

In July, 1813, small pieces of granulated flesh came away, mixed with blood; and the watery discharge was then so considerable, that more than twenty napkins were required daily, to keep the patient even tolerably comfortable. Hectic fever took place; astringents ceased to produce any effect; the tumour began to project through the external parts; by the straining efforts of the patient at stool, splashes of arterial blood came away; and the symptoms of weakness now became so formidable, that it was evident the patient would quickly sink under them, unless some additional mode of treatment was employed.

As the danger depended upon the profuseness of the watery discharge poured out by so large a surface, which was no longer controllable by even the strongest astringents, it was proposed to the patient that a ligature should be applied round the base of the tumour, so as to remove it. The patient was willing to accede to this suggestion: a ligature, consisting of about a dozen threads of waxed silk, was passed round the excrescence, close to the origin of it. On the seventh day after the application of the ligature, it came away, but no tumour came away with it. On examining the silver canula, by means of which the ligature had been applied, a small piece of a flocculent substance was found adhering to it.

From this moment all discharge ceased, the dropsical swellings were absorbed, and the patient recovered her health sufficiently to return again into society. She was even well enough to undertake a long journey.

It had, however, been explained to her, that the disease might return; and in the summer of 1815, the originally diseased surface gave rise to another tumour of a similar kind, which at length caused the return of the former symptoms.

The patient became very solicitous that the operation, from which she had derived so much temporary benefit, should be repeated, which was accordingly done.

A ligature was applied round the tumour, which was now about the size of a hen's egg, and it was tightened so as to interrupt the circulation, but not so as to cut through the tumour at once. On the second day the ligature was drawn yet more tight; and upon tightening it upon the third day, it came away. On introducing the finger into the vagina, the tumour was found

loose: it was turned out of the vagina by means of the finger; and it was immediately placed in alkohol, so as to coagulate its contents perfectly, and, by hardening it, to preserve its shape.

By these means a specimen of the disease was procured, from which the engraving in this work has been made. It is the only preparation which the author has seen of the disease as it appears during life. The engraving consists of the half of the tumour only, as the author was desirous to place a portion of it in some national collection of anatomical preparations. The tumour, when it was separated, was of a brownish red colour. Relief was again afforded to the patient by the second operation: the watery discharge ceased, as might have been expected, its source being removed.

A new set of symptoms, at the end of a few months, presented themselves; pain in the hips came on, with cramp at the lower part of the abdomen, vomiting, and a discharge of mucosanguineous fluid, sometimes mixed with matter; and shortly afterwards the patient died.

It was evident that some new disease had formed. The examination made of the body after death will show what it was: —An incision being made through the parietes of the abdomen, the intestines were found perfectly healthy, and unconnected by adhesions; but there was in the left hypogastric region an oval tumour, of the size of a large melon; this was connected to the loins on each side by a separate adhesion, and at its upper part it adhered to the omentum. On attempting to make an incision into this tumour, it was found that the knife would not pass deeper than an inch and a half, and in some parts not deeper than half an inch, as it met with obstruction from bony matter. The substance which surrounded this bony matter was dissected off, and it was found to resemble layers of coagulating lymph. Upon sawing through the rest of the tumour, it was found to consist of a thin layer of osseous matter, encasing a substance similar to that which covered its external surface. There was no connexion of this tumour with the uterus, except what must have been the effect of former inflammation, in consequence of which coagulating lymph had been thrown out, so as to glue the surfaces together: a very small quantity of flocculent matter appeared to project from the surface of the os uteri. The cavity of the uterus was larger than natural. The fallopian tubes and ovaria were perfectly healthy.

On the Symptoms of Cauliflower-Excrescence of the Os Uteri.

One of the first notices of this disorder is in the patient finding the parts more moist than usual; little attention, however, is paid to this circumstance, till the quantity of the discharge becoming more considerable, the patient is obliged to employ some means of absorbing it, and resorts, perhaps, to the more abundant use of cold water, or to the usual family receipt of isinglass and milk. Still the discharge becomes more abundant; but being unattended by pain or by fætor, the complaint is neglected, until at length a quantity of blood comes away with it, or the patient finds that the colour of her cheeks is fading, or the strength of her frame diminishing; then all at once she takes alarm, and flies to medical assistance. Perhaps the entire absence of pain, and of other symptoms, leading the woman to treat the disease lightly at first, is the reason why so few opportunities are afforded of examining the tumour when of a small size. The quantity of the discharge is in proportion to the superficies of the tumour, and the action of the blood-vessels of the uterus and neighbouring parts: it may only be in quantity sufficient to render the woman's person uncomfortable, or it may require the change of twenty or thirty napkins daily. A small blood-vessel now and then allows some of its contents to ooze out, which, mixing with the discharge, gives a shade of colour to it, or perhaps a faintish odour; but when no blood is mixed with the discharge, or when the quantity of the watery discharge is so great as to run off as fast as it is secreted, there is little or no smell attached to it. If the patient should be a married woman, living with her husband, it will be found that hemorrhage always succeeds intercourse; and, indeed, in some instances the slightest exertion of the body, coughing, sneezing, or straining when at stool, will produce a discharge of blood from the blood-vessels of the tumour, which sometimes becomes very profuse. When a large quantity of blood has been thus lost, it is frequently observed, that the watery discharge diminishes, the distention of the vessels of the tumour being taken off. As the disease proceeds, the system becomes weakened from loss of blood, and the stomach partakes of this weakness. The digestion is performed imperfectly, spontaneous changes take place in the food, and air is either thrown up in frequent eructations, or the belly becomes tympanitic. In some measure the disturbance of the stomach may be the effect of sympathy of that organ with the uterus, but the symptoms very much resemble those met with after large hemorrhages. Hysterical symptoms are produced, and all that host of inexplicable symptoms which accompany cases of impaired digestion,

increasing the patient's stock of bodily and mental misery. As the weakness increases, the action of the absorbent vessels diminishes, and depositions of fluid form in different parts of the body, obeying the laws of gravitation, producing œdema of the feet at night, and puffiness of the face and eyelids in the morning, the particular effects produced by such accumulations of fluid being regulated by their quantities, and determined by the situations in which they are deposited. So that the patient may be destroyed by water in the chest long before she would have been exhausted by the disease itself. In some cases an alarming hemorrhage takes place, producing a state of syncope, from which the patient may not rally.

Dr. Clarke has remarked, that he never met with a single instance in which the tumour, upon examination, was less than a blackbird's egg: this has been before accounted for; it produces at first so few symptoms.

In many cases, too, the practitioner overlooks the disease, contenting himself with treating symptoms without thinking of their cause.

In one case, which was attended by the late Dr. Clarke and the author, the patient, a lady about forty years of age, lost her sense of vision a few days before her death. No change in the appearance of the eyes was visible. It rarely happens that great emaciation attends the complaint, the patient being drained to death by the profuse secretion, or suddenly destroyed by hemorrhage, long before all her fat will have been absorbed.

On inspecting the bodies of several women, who have been destroyed by this disease, a layer of fat of considerable thickness has been found covering the abdominal muscles. How different this from the case of a patient destroyed by ulcerated carcinoma of the uterus, in whom scarcely a bone can be found, in which it is not easy to see the form and processes, nearly as well as in a skeleton! Yet, as in this complaint, a discharge is present, as now and then it is fœtid, as a tumour is found upon examination, and as the disease has always, sooner or later, a fatal tendency, it has been too frequently confounded with carcinoma. The prognostic, as to the *ultimate event*, it is true, must be the same; but the terms *sooner* or *later* admit of considerable latitude, and it is a great comfort to be enabled to lengthen life under such circumstances. It is not here, as in carcinoma, that whilst life is lengthened by art, distress and suffering is eked out with it. A patient labouring under the cauliflower-excrescence may pass, nay, she may enjoy, several years of life, if she will be content to make some sacrifices.

As the enlargement of vessels in other situations is much influenced by pressure, so it will be found, that the compression

of the sides of the vagina will greatly retard the growth of this tumour. Now as the quantity of the watery discharge depends upon the extent of the surface of the tumour, and as the danger of the patient is in proportion to the quantity of the discharge, it follows that whenever the vagina has lost its tone, and the tumour has thereby been little subject to compression, the prognostic to be given to the friends of the patient, as to the probable duration of life, should be less favourable, than when the sides of the tumour are supported by the sides of a more contracted canal. Added to this, the very pressure of a contracted vagina is an evidence that the constitution still possesses a considerable degree of vigour: so that the capacity of the vagina forms, in this, as well as in many other cases, by no means a bad criterion of the strength remaining in the constitution.*

When the tumour occupies only a small part of the os uteri, the opinion to be given should be more favourable, than when the whole circumference of the opening is involved in the disease. The danger may also be increased by any violence inflicted upon the part, as by the pressure of the child's head in labour, or by any increased action going on in the vicinity, as by pregnancy. The symptoms in some cases of the disease are diminished more easily than in others, of which circumstance no knowledge can be obtained till the experiment has been made; the greater the effect, therefore, which local remedies produce in controlling the discharge, the longer will the disease continue, *ceteris paribus*, without destroying the life of the patient.

* Thus in cases of great uterine hemorrhage in labour, the vagina will sometimes be so dilated as readily to admit the hand. Practitioners avail themselves also of the knowledge of this fact, in those cases of difficulty in labour, which depend upon a contracted and unyielding vagina. In this case the loss of a large quantity of blood by the lancet affords great relief to the patient, the vagina dilating afterwards so quickly that the labour is often very speedily terminated.

Treatment of the Cauliflower-Excrescence.

If a woman labouring under the above disease is left to herself, or if the symptoms do not meet with attention, the tumour will increase in dimensions, and partly by the perpetual watery discharge, and partly by the occasional attacks of hemorrhage, will shortly prove fatal.

The enlargement of the tumour will be greatly retarded, by diminishing the action of the fulness of the blood-vessels of the neighbouring parts. There is reason also to believe, that the size of the tumour will shrink under judicious management, which is more than can be expected in most instances of chronic morbid enlargements of the viscera, when the tumour is composed of more solid materials; and if the patient has the good fortune to take notice of the earliest symptoms of the complaint, it is probable that, by a steady perseverance in that kind of management which will form the subject of this chapter, the farther progress of the disease may be put a stop to.

Local blood-letting is a most valuable remedy, and great reliance is to be placed upon it. The region of the sacrum and the hips may be scarified, and cupping-glasses afterwards applied; the quantity of blood to be taken away must be regulated by the size and degree of resistance in the tumour, and by the quantity of the watery discharge, (which is always a measure of the extent of the disease) regard being paid at the same time to the strength of the patient. At the same time it must be recollected, that if, by the loss of eight or ten ounces of blood by cupping, the quantity of the watery discharge can be diminished from four ounces to two ounces daily, the patient will, at the end of a fortnight, possess more power than if she had lost four ounces of blood by cupping, and the quantity of watery discharge had been diminished to three ounces daily.

By unloading the vessels of the tumour, they will also be less likely to burst spontaneously, in which case no estimate can be formed of the quantity of blood actually lost.

But, although local bleeding is so valuable a remedy in many cases, it may, when employed injudiciously, hurry the patient's dissolution. Great circumspection, therefore, is necessary in the direction of it. It should not be employed when much œdema of the feet is present, or during the continuance of any symptoms indicating great debility. Neither should blood-letting in any case be carried farther than is just necessary to produce the intended effect, particularly when it is considered that the art is in possession of many other powerful auxiliaries in curbing the progress of this malady.

If the patient should be a strong woman, and if the disease has not been of long duration, twelve or fourteen ounces of blood may be taken away: if she should possess less strength of constitution, it may be sufficient to order the removal of six or eight ounces only; and to repeat this once in three weeks or a month. The application of leeches is to be very little depended upon.

All general and local stimuli are to be carefully shunned, or the intention of the bleeding will be defeated. The diet should be of the mildest kind, such as puddings, white fish, or vegetables. Wine should be absolutely proscribed. If the patient should be married, she should be separated wholly from the bed of her husband, to which she should never return.

The state of the bowels should be carefully watched, and, if possible, they should be so regulated that the patient may have one motion daily, of such a consistence as will be voided without the least attempt at straining. This is a very important caution in many diseases of the uterus; but in none does it deserve the same strict attention as the cauliflower-excrescence. The author has known several instances where a profuse discharge of blood has followed the expulsion of a costive motion. Fruit taken before breakfast, honey eaten instead of butter, a little manna eaten with a few blanched almonds, or a tea-spoonful of electuary of cassia taken occasionally, will commonly obviate any inconvenience which may arise from costiveness. If a more powerful medicine should be required, the following may be tried.

℞ Magnes. sulphat. ʒvi.
Infus. rosæ ℥iii.
Aquæ carui ℥iiß.
Syrupi ℥ß.
Acid. sulph. dil. ʒß. M.
Sumat cochl. ii. vel iii. mane quotidie.

The enlargement of the tumour may be greatly diminished, and the discharge consequently lessened, by the application of cold to the outside of the pelvis, and by the injection of cold fluids into the cavity of the vagina. Cold water may be applied to the external parts of generation, to the pubis, and to the loins, by means of a sponge; and this may be done, not once or twice only in the twenty-four hours, but several times: by keeping the parts in this way constantly chilled, the blood-vessels will be contracted, and the advantages resulting from such a mode of treatment will soon be made evident, in the diminution of the quantity of the discharge, and in the improvement of the constitutional health.

The recumbent posture ought always to be insisted upon; and

the utility of it should be explained to the patient by familiar illustrations, as by adverting to the different size of the veins of the hand when held up and in a depending position.

All medical men at all conversant with human nature are well aware, that patients who will readily submit to an operation, or to a long continued course of medicine, will very reluctantly yield to any privation, or be governed by moral directions, the immediate tendency of which they do not understand.

The applications to be made to the tumour itself, with a view to cause contraction of its blood-vessels, and to influence the secretion from its surface, should consist of astringent substances in different forms, as may be best adapted to the variety of cases which occur.

In the history which has been given of the cauliflower-excrescence, it has been observed that the tumour increases more rapidly in those cases where the tone of the vagina is the least, and *vice versa;* so that the vagina acts as a supporting bandage in varicose veins of the legs, or as pressure upon those tumours called nævi materni.*

For the purpose of applying astringent fluids to the vagina, under ordinary circumstances, the common female syringe (vide Part I. plate) is sufficiently useful; but patients labouring under the cauliflower-excrescence, as well as those in whom there is any abrasion of surface, should be very careful how they use this instrument.

A woman who had a cauliflower-excrescence of the os uteri, was very much weakened by the watery discharge attending it. The author recommended an astringent injection, which was used for some time, but afterwards discontinued in consequence of the patient observing that it always produced a discharge of blood: upon inquiring into the manner in which it was employed, it appeared that the pipe of the syringe was carried up so high as to injure the tumour, in consequence of which blood followed. A cylindrical syringe, the diameter of which is about three quarters of an inch, the extremity being rounded off, may be used for this purpose, and the patient should be cautioned not to introduce it farther than an inch, or an inch and a half.

Even if the tumour should be touched with this form of instrument, it will be less likely to be injured by the diffused

* The author has not been so fortunate as Mr. Abernethy, in *removing* many of these congenital marks by pressure, although he has frequently retarded their growth by means of a compress and strips of adhesive plaister; but they have always returned when the pressure has been discontinued; and in many situations the parts beneath the nævus are not sufficiently resisting to allow of the pressure being carried to any great extent. Nevertheless the suggestion was worthy of the mind of that humane and intelligent surgeon, whose veracity has never been suspected, and whose integrity has never been shaken.

pressure made by so large a surface, than by the partial pressure caused by the extremity of a small one. The common female syringe may be used with less risk, if a handkerchief or a piece of linen is previously wrapped round it at the distance of about two inches from its point.

In that aggravated form of the complaint in which the tumour nearly reaches the external parts, the patient should lie down upon her bed with her hips raised, and a small quantity of the astringent fluid should be poured in between the labia; a common earthen butter-boat may be used for the purpose, and there can scarcely be found a better instrument.

When the tumour has actually protruded, compresses dipped in an astringent fluid may be applied, or the surface may be lightly touched with a soft sponge wetted with it.

A few formulæ of astringent injections applicable to this case are subjoined.

℞ Zinci sulphat. ʒiß.
Aquæ rosæ, ℥iv.
Aquæ distillat. ℥xvi. M.

℞ Aluminis, ʒiii.
Aquæ distillat. ℥xv.
Mucilag. gum. acaciæ, ℥i. M.

The addition of a small quantity of mucilage renders the application sometimes more useful, by enabling a portion of the fluid to be longer retained.

Or—℞ Infus. lini, ℥xv.
Aluminis, ʒii.
Tinct. kino, ℥i. M.

℞ Cupri sulphat. gr. x.
Aquæ flor. Samb.
Mist. camphoræ, ℥vi. M.

Solutions of the mineral astringents in decoctions of astringent vegetables, constitute applications possessed of great power; as,

℞ Cort. granat. contus. ℥ß.
Aquæ distillat. ℥xiii.
coque per sextam partem horæ et cola, dein adde liquori colato aluminis, ℥ii.

℞ Gallarum, ℥ß.
Aquæ distillat. ℥xviii.
coque ad ℥xvi.

℞ Liquoris colati, ℥xvß.
Sp. roris marini, ℥ß.
Aluminis, ʒiii. M.

℞ Decocti quercus, ℔i.
Tinct. catechu. ℥ß.
Aluminis, ʒii.
Zinci sulphat. ℥i. M.

The efficacy of the latter formulæ in a great measure depends upon the tannin. As this principle has the power of coagulating albumen, so as to form an insoluble precipitate, it becomes necessary to prepare the patient for a circumstance which may otherwise occasion great alarm in her mind,—the appearance of thin, whitish, or ash-coloured flakes which will come away from time to time. These are frequently thought to be portions of the body, and the agitation of the patient's mind has been very considerable, until it has been quieted by some explanation.

In some patients the membrane of the vagina is so irritable, that it will not bear the application of the mineral astringents. In such cases a mixture of decoction of oak-bark and linseed tea will form a less irritating lotion. The principles of management being laid down, the means must be variously modified, as the circumstances of each individual case may require, or as the skill of the medical attendant may suggest.

The foregoing directions have for their object the diminution of the expenditure of the powers of the frame; but those powers may require to be recruited; the disease may not have been discovered until great exhaustion of these powers may have taken place; and it will be necessary to have recourse to the employment of some light tonic. The muriatic and sulphuric acids are here very appropriate medicines. Indeed, custom has so authorized the employment of the latter in cases of bloody discharges from the uterus, that they are frequently given by ignorant persons indiscriminately, blended in such a manner with medicines, possessing directly opposite properties, as to constitute inefficient, or perhaps very injurious compounds.*

* In abortion, many practitioners do not allow themselves time to inquire what object they have in view: whether the accident is threatened by premature inordinate action of the muscular fibres of the uterus, or by a separation of a part of the ovum from the uterus; whether the ovum be living, and may remain, or whether it be dead, and *must* come away; whether the patient be strong, or whether she be weak. Whatever be the concomitant circumstances of the case, the only thing thought about is that a woman is miscarrying who ought not to miscarry; and this is the signal for the exhibition of sulphuric acid and infusion of roses, joined to laudanum; so that there is one ingredient, the sulphuric acid, (a tonic) which increases the power of the muscular fibres of the uterus to expel its contents, and another ingredient, opium, the known

℞ Acid muriatici, gutt. viii.
Aquæ distillat. ℥iß.
Syrupi cort. aur. ʒi. M.
Fiat haustus ter die sumendus.

℞ Acid sulphurici, gutt. vi.
Infus. rosæ, ℥iß.
Aquæ carui, ℥ß.
Syrupi, ʒi. M.
Fiat haustus ter die sumendus.

Sulphate of zinc may be usefully employed; but care should be taken not to exhibit this medicine so as to produce vomiting, which might be highly injurious, by accelerating the circulation. It should be given in combination with some essential oil, which will reconcile the stomach to its use, when it might otherwise disagree; and it will be found to agree better in substance than in solution.

℞ Zinci sulphat. gr. xv.
Extr. humuli, ʒi.
Ol. cinnamomi, gr. iii. M.
Diligenter et divide in pilulas xv. æquales, e quibus sumat unam bis die.

Decoction of bark may form the vehicle for the acids which have been before recommended, or it may be taken in the form of draught after the pill.

℞ Decocti cinchonæ, ℥iß.
Syrupi cort. aur. ʒi. M.

The author is justified in repeating, that by a strict attention to, and compliance with, the rules above suggested, nearly every case of this disease may be made more tolerable; and, perhaps, such a change wrought in the size or the actions of the excrescence, in a few instances, as to remove all the symptoms.

A lady, apparently about two-and-thirty years of age, (a friend of Mr. Cooke, a respectable surgeon at Brentford) laboured under a continued profuse watery discharge, mixed occasionally with blood: her constitution appeared greatly weakened, she became very pale and emaciated, and together with a slight degree

effect of which is, to take off the contraction of muscular fibres, with which view it is exhibited in the passage of a gall-stone, or of a piece of urinary calculus, and also in cases of strangulated hernia, to render the return of the intestine more easy.

of swelling of the ankles, she was liable to great palpitation of the heart and shortness of breath. As her weakness increased, she sought relief from tonics and a stimulating diet, under which plan the disorder increased. An examination being made, a mass was found to project from the surface of the os uteri, from which a quantity of blood issued when it was pressed by the finger. Syncope took place in consequence of this discharge of blood, although the quantity was very trifling. The tumour had no regular form, and as far as the author could ascertain, the whole of it could have been contained in half a walnut shell. The patient was desired to confine herself strictly to the sofa, to use cold water in a lavish manner to the pelvis, and to throw a strong astringent injection into the vagina; she was directed to give up the use of wine, to live upon farinaceous food and vegetable jellies, and to lose five ounces of blood from the sacrum by cupping, when she had recovered from the effects of her journey to the author's house.

Some weeks elapsed before the author again saw the patient; her watery discharge was considerably lessened, and the bloody discharge had entirely ceased: the ankles were no longer swelled, and the general health was improved. The patient was desired to repeat the cupping, and to continue the former system of management. Once in about six weeks or two months the author has seen the patient, who has followed up the same mode of treatment, occasionally losing some blood from the sacrum by cupping.

At the termination of about two years from the time at which the author first saw the patient, and after an interval of three or four months, she again called upon him, when, so great was the improvement in her appearance, that he hardly knew her. There had been no watery discharge during many months, and the menstruation, which had been interrupted by the weakness of the frame, had now become perfectly regular; the only medicine which had been taken during the latter part of this period, was half a drachm of pulv. cinchonæ twice a-day. As the case was altogether a very extraordinary one, it became very desirable that an examination should be made. The vagina was so much contracted by the continued use of the astringents, that it admitted the finger with difficulty; on carrying the examination farther, no difference could be felt between the os uteri of the patient and that of a woman in perfect health. Such are the facts of this case: in reviewing it, every one conversant with diseases of the uterus, must acknowledge that it was very extraordinary in its termination. No mystery of treatment hangs over it; very little medicine was given, except what has been mentioned: a few grains of hyoscyamus or conium to allay irritability, a little Ep-

som salt to regulate the bowels; and when little else than weakness remained, a few drops of tincture of muriated iron twice a-day. To the local blood-letting, the horizontal posture, and the use of astringents, then, must be attributed the removal of this disease, which had all the characters of the cauliflower-excrescence.

A lady, about forty years of age, who was a patient of Mr. Tegart, was much reduced by a perpetual drain of a watery humour from the vagina. Whenever she took exercise, blood came away mixed with the other discharge. The skin of the patient was perfectly blanched: until she fell under medical management, she had eaten meat, and drank wine, suspecting that the weakness of constitution produced the discharge.

An examination was made, and, as was expected, a cauliflower-excrescence was found as large as a hen's egg: similar means to those recommended in the former case were employed, and with a similar diminution of this discharge.

The patient now thinking herself recovering, determined, against the advice given to her, to go into the country. The motion of the carriage, during a journey of sixteen miles, produced hemorrhage, which continued; and the patient was thankful when she found herself again upon the sofa in London. Aware of the imprudence of having made the experiment, she then became rigidly attentive to all the rules laid down, which had for their object the intentions contained in the history of the treatment of this disease. The discharge has greatly diminished; during the space of several weeks there was no loss of blood; the patient has been allowed to take a little light animal food, and a small quantity of claret; and there is reasonable ground for hope that some favourable change has taken place in the tumour, either as to the membrane which covers it, or the blood-vessels which compose it.

In some instances of patients who labour under cauliflower-excrescence, all the resources of the medical art are futile; no check can be imposed upon the discharge by astringents, however powerful as to strength: still, even in such cases, the ligature holds out a prospect of relief, which has now and then been realized. The diseased surface of the os uteri may, and probably will, regenerate the fungus; but a considerable length of time may elapse before a tumour of a large size may form; and in the interim, by the removal of the secreting surface, the discharge will be restrained, and time will be afforded for the powers of the woman to be recruited.

A case has been related where the utility of such a mode of treatment has been proved in the person of the widow of a physician at Bath.

The operation is the same as that recommended for polypus of the uterus, and described in the first volume of this work. More care is required in applying the ligature round the base of a cauliflower-excrescence than round the neck of a polypus, because the cauliflower-excrescence is so likely to bleed upon the least rough treatment.

The shield which the author recommended to be attached to the polypus canula, is not so necessary in performing the operation for this disease, because the tumour will be cut through in a much shorter time, and it will hardly be necessary to tighten the ligature often. The objection to the use of the shield in this operation, is the possibility that the weight of it may tear through the tumour, before the blood has coagulated in the vessels above.

After the removal of the disease, it is recommended that the vagina should be washed out with cold water, and that a solution of alum in a strong decoction of oak-bark should be thrown into the vagina twice or three times a day, the external orifice being blocked up with a dossil of lint, so as to prevent the too sudden escape of the fluid.

A weak solution of nitrate of silver, or of sulphate of copper, may be preferable in some cases to any other injection: it may be used in the following proportions:—

℞ Argenti nitrat. gr. xii.
Aquæ distillat. ℥xii.

or,

℞ Cupri sulphat. gr. xviii.
Aquæ rosæ, ℥xii.

In some cases it may be useful, especially when the vagina is irritable, to introduce a piece of lint wetted with this solution into the vagina, and to carry it up to the diseased part of the os uteri. By such means a slight degree of inflammation may be excited in the blood-vessels, so as to produce a consolidation of the parts diseased; and thus the regeneration of the tumour may be more tardy.

However favourable appearances may be in that part of the uterus which can be examined by the finger, there may exist out of reach, and consequently without the knowledge of the practitioner, morbid changes of structure, which may of themselves prove fatal.

HYDATIDS OF THE UTERUS.

In the cavity of the uterus small vesicles containing a limpid fluid are sometimes met with, constituting the disease called Hydatids of the Uterus. These vesicles vary considerably in size, from that of a small currant to that of a large grape. They are connected with the uterus, and with each other, by small filaments; and portions of a substance resembling partly blood, and partly coagulating lymph, are frequently mixed with them. A similar substance is attached to the internal part of the uterus, from which the footstalks of the hydatids grow. As the number of these hydatids increases, the cavity of the uterus becomes more capacious; and when, at length, the uterus has acquired a large size, it seems to be offended by its contents, and contracts upon them.

The cause of this complaint has not been ascertained: it sometimes appears as a morbid condition of the opake membranes of the ovum; and in such cases interfering with its functions, it destroys the vitality of that body, and thus produces abortion.

It is probable that the existence of pregnancy is not necessary for the production of this disease; it has been believed to exist independently of this state; and perhaps a morbid condition of organized coagulating lymph may have the power of originating this disease under certain circumstances, but what these circumstances are, is not known. Hydatids are met with in other parts of the body, but no very probable conjecture has been offered for their production. In many cases these vesicles possess a power of contraction; but whether this power has ever been observed in the hydatids of the uterus, the author does not know; he believes that it has not. It may admit of a doubt whether, in consequence of a morbid condition of the ovaria, some separation of the corpora Graffiani may not induce the complaint. It has been suggested, that diseases of the ovaria may originate in consequence of the excitement of the genital system, and the opinion seems to be entitled to some regard.

Hydatids of the uterus do not appear to produce any peculiar symptoms, with the exception of one to be mentioned hereafter. The greater number of the inconveniences attending the disease arise out of the pressure made by the enlarged uterus upon the circumjacent parts, such as retention of urine from compression of the meatus urinarius; constipation of the bowels from compression of the rectum; œdema and cramp of the lower extremities. These symptoms, however, are not necessarily present; and instances have occurred in which they have been altogether wanting.

When the cavity of the pelvis can no longer contain the enlarged uterus, that viscus will rise into the cavity of the abdomen, and may be felt as a circumscribed tumour through the parietes.

The function of menstruation is usually interrupted. This might be expected upon the supposition that the complaint was a disease of pregnancy: but it will probably be found that, whenever the mucous membrane of the uterus is disposed to throw out an opake membrane, resembling coagulating lymph, such as the decidua in pregnancy, or those flakes which are separated in painful menstruation, the secretion of the menstruous fluid is interrupted. In painful menstruation, during that period at which such flakes are separated, the secretion is very scanty; but after these flakes (which sometimes form perfect casts of the cavity of the uterus) have been separated, which usually happens about the second day of the period, the menstruation becomes more abundant.

In the examination of a patient labouring under hydatids of the uterus, the body of this viscus will be found enlarged, and suddenly bulging out from the upper part of the cervix. All these symptoms attend other enlarged states of the uterus; but there remains to be mentioned one other symptom which serves to distinguish this disease from all others, and from pregnancy, —and this symptom is the discharge of an almost colourless watery fluid. This watery discharge is to be distinguished from that which attends the cauliflower-excrescence, by the irregularity and suddenness of its appearance and cessation; being produced by a rupture of one or more of the coats of these hydatids, in consequence of the occasional contraction of the uterus upon them, or of any sudden violence, as in the act of coughing or sneezing; whereas the discharge from the cauliflower-excrescence, being a secretion from its surface, is constantly escaping. The fluid watery discharge may be distinguished from those splashes of urine which sometimes come away from pregnant women, by being wholly inodorous.

In some cases, the size of the uterus increases rapidly, in others slowly; but in all, sooner or later, the parietes of the uterus, being irritated by the distention of the cavity, are excited to contraction.

From this period of time, a process resembling labour commences; the os uteri is dilated; the hydatids are expelled by periodical pains; and then, for the first time, danger presents itself in the form of alarming hemorrhage. This hemorrhage is more frightful than that which follows the removal of the placenta from an uncontracted uterus; and the reason is obvious, the placenta covered only a limited space of the internal surface

of the uterus, whereas the hydatids spring from every portion of the cavity.

No means have been hitherto discovered of curing this disease artificially, or of arresting its progress towards its natural termination. The patient is to be informed of the nature of this disease, and the event is to be patiently waited for. As symptoms arise, they are to be treated as their nature demands; and the practitioner will best perform his duty by watching over the complaint, and by doing no more than is absolutely required. But when the period arrives at which the uterus is striving to unload itself of its contents, then all his skill and energy will be wanting, and all his efforts will be called forth to control the hemorrhage, and to sustain the powers of the constitution. With this view, the patient should be kept perfectly quiet in the horizontal posture; she should not be allowed to take any stimulating food, or drink. Cold applications, such as cloths dipped in vinegar and water, or in iced water, are to be made to the loins, abdomen, and external organs; and portions of ice (their acute edges being rounded off by being held in the hand) may be introduced into the vagina, or into the uterus. Let it not, however, be forgotten, that the great remedy for uterine hemorrhage is uterine contraction, and every possible mode of exciting this is to be put in practice. The application of a bandage round the abdomen has sometimes the power of exciting this contraction; but if the hemorrhage should continue profuse, and if any portion of the hydatids should remain in the uterus, an attempt should be made to remove these, in order to produce complete contraction of the muscular fibres.

Two or three fingers, or the whole hand, should be covered with pomatum, and carefully introduced into the uterus, and carried up between the sides of the uterus and the hydatids, which are to be detached from the part to which they adhere by the most gentle efforts. The mass being now included in the hand of the operator, is to be brought out of the uterus, the surgeon recollecting always, in the performance of this operation, that the degree to which the os uteri is dilatable without laceration, is in proportion to the size of the whole uterus, both in pregnancy, as well as in this disease. So that, supposing the uterus in this disease to be enlarged to the size of that viscus in the sixth or seventh month of pregnancy, the whole hand of the operator may be, if necessary, introduced through the cervix; whereas, in smaller dimensions of the uterus, if any attempt is made to introduce the whole hand through the cervix, however carefully it may be attempted, a laceration of it may ensue, and thus the patient may be involved in a new danger.

The contents of the uterus being naturally expelled, or artifi-

cially removed, and the hemorrhage being restrained, the strength is to be restored, by allowing the patient a nutritive diet, and by the exhibition of such medicines as tend to increase the tone of the system: amongst which the mineral acids and cinchona may be accounted the most serviceable; these, or other medicines possessing similar properties, should be from time to time exhibited, until the vigour of the system shall have been entirely restored.

The usual cautions given to women after delivery, should be here impressed upon the patient, such as confinement to the horizontal posture until the uterus and the vagina shall have acquired their usual size and tone.

There is another variety of hydatid of the uterus, in which the uterus is distended by one single cyst and its contents to an enormous size. The author has never seen an instance of this form of the disease; but it appears, from the accounts given of it, that the symptoms are all purely mechanical. Although the uterus may be equally and greatly enlarged, it will be difficult to determine whether such increase of bulk is produced by a single hydatid, or by a deposit of solid matter in the substance of the uterus. The fluidity of the contents of the tumour does not necessarily cause a sensible fluctuation of these contents. A full bladder felt above the pubis does not give to the hand the sensation of a fluid being contained within it. The discharge of a watery fluid in large quantities is, in this variety of the disease, the first announcement of the existence, and the presage of its speedy removal.

The water having escaped, the cyst is expelled, and the disease is terminated without the occurrence of any of those distressing symptoms which threaten the patient's life, in the disease first described. The abdomen of the patient will require the support of a bandage.

This last variety of the uterine hydatid is a very uncommon disease; so that the practitioner will hardly be prepared for its occurrence. The patient will, therefore, probably be led to expect a disease of long continuance, and will be agreeably surprised to find her complaints terminated so expeditiously.

Fleshy tubercle of the uterus, being a disease of slow growth, and offering to the finger, in an examination, a considerable degree of resistance, may perhaps be readily distinguished from the single hydatid; but, after all, it is only with a view to the prognosis, that the discrimination between them is at all important; the symptoms which arise in both of them admitting of similar modes of relief,—fulness of the bladder by the use of the catheter, constipation by the employment of those purgatives which are found to diminish the consistence of the fæces, and

pain arising out of pressure, by the administration of conium, hyoscyamus, and other sedatives.

As watery depositions are found to take place into different internal cavities, constituting dropsies of such parts, as of the thorax, abdominal cavity, &c.; so it has been supposed that a similar circumstance may take place into the cavity of the uterus, which has been mentioned by many writers under the title of dropsy of this viscus. The uterus, however, possessing an opening at its lower part communicating with an external outlet, it is difficult to understand how any accumulation of fluid can take place within it; for, although the sides of the cervix uteri may be agglutinated by its proper mucus, or by adhesion in consequence of inflammation, such an occurrence is not very likely to take place; and even if it did happen, a deposit of watery fluid into its cavity would be an extraordinary concurrent circumstance.

It is more than probable that the cases described as dropsy of the uterus have belonged to the class of hydatids; or if there be any such disease, in fact, as dropsy of the uterus, the author has never met with a case of it.

THE OOZING TUMOUR OF THE LABIUM.

There is yet another disease attended by a watery discharge, to which the writer has given the above name. In the first part of this work a description has been given of warty tumours of the labia, and of the vestibulum; but there is no similarity between those diseases and the tumour now under consideration. In the warty tumour, there is an increase of the mucous discharge from the vagina, arising simply from the increased circulation; but in the oozing tumour of the labium, the discharge arises from the surface of the tumour, or rather from interstices in the tumour. The fluid which escapes is of a watery character, and it is sometimes very abundant in quantity, being renewed almost immediately after the surface has been made dry by a napkin.

The author has never known blood to escape from this tumour, even when roughly handled, so that the complaint is not by any means analogous to the cauliflower-excrescence. Moreover, when removed from the body, the oozing tumour retains its form and firmness, which the cauliflower-excrescence does not.

The tumour sometimes is so large as to leave scarcely any part of the labia free from it, and to extend to the mons veneris. It seldom projects far above the plane of the surrounding skin, often not more than a line or two, and rarely above one-third of an inch.

The colour of the tumour varies little from that of the cuticle of the neighbouring parts; and a projection, very much resembling it, might be made by the firm application of a piece of fine netting to an œdematous part during a few seconds, the surface being unequal, consisting of irregular depressions and eminences, from the former of which the fluid oozes. In the immediate neighbourhood of the tumour œdema is occasionally met with, but the tumour itself is not œdematous; soon after the surface of the tumour has been wiped quite dry, a watery fluid begins to ooze from it, and to form drops, which, having become large, at length run off, and keep the surrounding parts in a state of constant humidity; sometimes soreness and excoriation take place, as upon the upper lip, when the secretion from the nostrils is increased, but the tumour itself is seldom rendered more sensible.

The secretion from this tumour corresponds in appearance with that from the cauliflower-excrescence. Its quantity may be influenced by a variety of circumstances, but it always bears a proportion to the extent of the disease. In damp weather, and

in debilitated states of the system, it will be found more abundant than when the atmosphere is dry, and the constitution vigorous. It will be seen hereafter that it is controllable by art. The disease having once began, continues to enlarge, and insulated patches of it appear in the neighbouring parts, so that at length they will be found to run into each other.

At first sight the complaint may be mistaken for that form of erysipelas which is denominated shingles; but, upon a more careful inspection, it will be found that the projecting parts are solid, and that they do not, as in the disease called shingles, contain a fluid. The trifling degree of vitality which the labia in some cases possess, renders them liable to attacks of erysipelas, and therefore the practitioner should be careful in discriminating between the two diseases.

In women who are fat and weak (by no means an uncommon combination,) the cuticle will sometimes peel off between the labia and the nymphæ, and between the labia and the thighs, and an oozing will take place until a new cuticle shall have been formed; but there is little chance of any mistake in this case. The latter circumstance is very usual; the oozing tumour of the labium of rare occurrence.

Fat women are the most frequent subjects of the oozing tumour of the labium, especially if they have borne many children, or have had their constitution much impaired. In such habits the complaint seems to arise spontaneously, or at least the author is ignorant of the cause producing it.

Within the author's knowledge, the complaint does not attack young women; indeed he has never met with it, unless in that bulky state of the labia more common after middle life.

It is more than probable that many women labour under the disease without making it the subject of complaint; and amongst those who do ask advice respecting it, little regard is paid to it, unless the neighbouring parts have been much excoriated, or considerable weakness produced by the discharge.

In one patient, a poor woman, who owes much to the kindness of Dr. G. G. Currey, so much inconvenience and general distress was caused by the disease, that after she had been confined during some months in the hospital in the Borough, and had afterwards received no benefit from the author, she consented to have the labia themselves removed, and thus the disease was cured.

When the structure of a part has been greatly altered, or when the vital energy of it is greatly exhausted, a disease forming in its substance is not capable of being cured by the ordinary resources of art. No applications of any kind having the power of reproducing, and maintaining healthy actions; stimulants may

excite; pressure may control growth; but a relaxation in the employment of the means is followed by a return of the malady. How often this is the case in old ulcers of the legs is to be found in the experience of every surgeon.

The labia, being endowed with feeble powers of life, become liable to some irreparable alterations of structure. The oozing tumour attacking one labium sometimes produces irritation upon that of the opposite side: but in no other way than any extraneous body similarly situated would do.

The chief inconveniences of this disease are, itching of the parts, sometimes a preternatural sense of heat, and a watery discharge; which, if it should be considerable, may greatly annoy, or even weaken the patient. Relief is seldom sought for in these cases until the disease has acquired a considerable size, and even then it would probably often be concealed, unless the apprehensions of the patient were called forth.

When excoriations of the neighbouring parts are present, or an erysipelatous blush appears upon them, more advantage will be derived from the internal exhibition of the cinchona in substance, than from any other medicine; but no impression will be made upon the disease itself by this valuable remedy, and even the symptoms above mentioned will frequently recur, and call for the employment of the same remedies.

As it has been observed that in most instances the vis vitæ was impaired, the patient should be desired to live upon a nutritious diet, and to take a moderate quantity of wine.

As heated rooms and warm seats will always aggravate the symptoms, they should be avoided.

Much good may in many instances be done by external applications; by several the discharge may be greatly controlled, and even cease for a time; but the writer has never known the disease cured by them, or even diminished in size; the vessels which exhale the fluid have their orifices either clogged up or strengthened, so that less fluid is poured out.

Common starch-powder sprinkled upon the parts again and again, so as to form a cake upon them, is a very efficient remedy; but it will be necessary to keep the patient in the horizontal posture during its use; and the posture itself has in all cases an influence upon the discharge, even when no application is made to the parts themselves.

A mixture of starch-powder and cupri sulphas, very finely levigated, has been found serviceable; or a solution of cupri sulphas, or of argentum nitratum, may be used. A solution of gum arabic in decoctum quercus may be tried. Cold water is also a valuable remedy, and there are no cases in which it will not afford much temporary comfort.

Perhaps of all the preparations which may be suggested, none is so effectual as spirit. Strong new port wine has afforded great relief; but, when this has failed, brandy, or arquebusade may be employed, and even alcohol will be useful when the weaker spirits are in no respect beneficial in controlling the discharge.

Although the author has made use of the terms "frequently," and "in several cases," he wishes it to be understood that he has had but little experience in this disease, which he considers as one of the most uncommon complaints affecting the organs of generation in women. The author has never seen the oozing tumour in the scrotum or prepuce of men, or upon the skin in any other part of the body.

In one instance the writer has removed the labia at the earnest solicitation of the patient.

A woman, about forty years of age, who had been in St. Thomas's hospital on account of this disease, applied to Dr. G. G. Currey, who referred her to the author. A variety of applications were made to the parts, some with a little advantage, others with none at all; and at length, the poor woman, being very anxious to get rid of her disorder, a lodging was provided for her, and the labia were removed by the scalpel. The sores granulated and healed without any trouble, and the patient got perfectly well. Such a remedy should hardly be advised until all other means of relieving the patient have been tried without effect; nor even then if the inconveniences are at all sufferable.

INVOLUNTARY DISCHARGES OF URINE.

In investigating the complaints attended by watery discharges, the nature of the discharge itself should always be subjected to examination. It may happen that they may consist of urine alone, which, in the adult, may always be distinguished from every other watery discharge by the peculiarity of its smell, especially when the cloths upon which it has been received have been dried. The passage of urine over the labia, and over the skin covering the inside of the thighs, will also produce heat, redness, and inflammation of those parts, circumstances less frequently attended the other watery discharges.

Involuntary discharges of urine from the bladder may be either constant or occasional, and they may exist with or without destruction of parts. These cases become distressing, because they render the patient very uncomfortable, and sometimes lay the foundation of troublesome ulcerations in the parts over which the urine passes. The space allotted to the bladder in a healthy state of these parts, is the cavity of the pelvis; and, as the bladder becomes full, it rises into the cavity of the abdomen. If the pelvis and the cavity of the abdomen should be encroached upon by any large tumour, there will be no space for the reception of the full bladder; and therefore, at the close of pregnancy, and in other kinds of enlargement of the uterus, the bladder will be capable of containing small quantities of urine only; and, lying between the uterus and the recti abdominis, it will be acted upon by every sudden and strong contraction of these muscles, and a part of its contents will be expelled, as in coughing, laughing, straining, &c. For this case there is no remedy. Flat sponges sewed into the folds of a napkin should be constantly worn; and if the urine should have stimulated the neighbouring parts, they may be defended from its action upon them by being smeared with the following cerate:

℞ Ung. cetacei, ℥ij.
Emplastr. plumb. ʒii. M. fiat ceratum.

In consequence of age, and sometimes from other causes, the neck of the bladder and the meatus urinarius will sometimes have so entirely lost their tone, that the urine will flow away as fast as it is secreted by the kidneys, forming a constant discharge. If, however, the patient remains perfectly still, lying at the same time upon her back, the bladder will be enabled to retain several ounces of urine. This loss of tone may be total, or partial

only, in which latter case the urine will not escape, unless upon the employment of some slight exertion.

An examination should first be made of the parts, by means of the catheter, in order to ascertain whether any communication exists between the neck of the bladder and the upper part of the vagina; if no such communication is found, the cause of the malady is to be farther investigated. If general debility or a tedious labour should have produced the disease, relief is to be sought for in those remedies which give local and constitutional strength. Large quantities of cold water may be dashed against the parts twice or thrice daily, and the use of the cold bath may be recommended. Decoction of bark and the mineral acids may be employed three or four times daily; and if these should not produce any good effect, advantage may be taken of the knowledge of the occasionally injurious effects produced by the exhibition of the cantharis on the neck of the bladder; and this remedy may be cautiously exhibited twice or three times daily. The tinct. lyttæ of the present pharmacopœia being a good preparation of this medicine, it may be given in the quantity of twenty drops, and the dose gradually and cautiously increased: blisters may also be applied to the neighbourhood of the sacrum, or of the pubis. Electricity may also prove a serviceable remedy, and should, therefore, not be withheld. Discharges from the Leyden phial may be passed through the pelvis, from before to behind. Should all these plans fail of producing a good effect, recourse may then be had to the employment of those means which, by compressing the urethra, may produce a retention of the urine; and here the mechanical talents of the surgeon may be profitably employed. The introduction of a globular pessary of a large size into the vagina may, by its pressure against the back part of the meatus urinarius, effect the intended purpose; and, when the bladder becomes full, the pessary may either be removed by means of a noose of silk attached to it, or, if the patient should have any difficulty in accomplishing this, it may be pushed backwards by the finger introduced on one side of the ossa pubis; or the patient may be instructed in the method of introducing a catheter. The globular pessary in this case is thus made to produce the same effect, which the pressure of the child's head in labour occasionally and accidentally causes. In some cases it may be advisable to construct an instrument, consisting of a small steel spring, (in a manner similar to that used to confine letters) to cover it with soft leather, and to introduce one part into the vagina, so as to press upon the back part of the meatus, whilst the other end of the spring lies upon the anterior part of the ossa pubis. By such a contrivance, the strength of the spring being properly regulated, the urethra may be so compressed as to pre-

vent the perpetual discharge of the urine, and the patient may be enabled to remove or to apply it as the state of the bladder may render necessary.

The most distressing case of involuntary discharge of urine, is that which is produced by the existence of a communication between the posterior part of the neck of the bladder, and the anterior portion of the vagina. This state of parts may have been produced by violence at the time of labour; or by the long continued pressure of the child's head, in cases where artificial means of delivery had not been timely resorted to: and there are few inconveniences to which the human body is liable greater than this; but if the destructive ulceration of carcinoma should have spread itself towards the bladder, pitiable, indeed, will be the state of the patient; for, in addition to the misery attending such communication, there will be present the excruciating pain of this disease. When ulceration is actually present, and extending itself, little assistance can be afforded to the patient; but when the mischief has arisen from laceration or sloughing, it may be worth while to introduce into the vagina a large thin globular pessary, made either of wood or (which is better) of silver, perforated by a great number of holes, capable of containing a large piece of sponge. At the lower part of this pessary there should be a circular opening, through which sponges may be removed occasionally; and for this purpose a piece of string may be attached to the sponge, which, being emptied of the urine contained in it, may be again introduced into the cavity of the pessary, without the removal of it from the vagina. Both women and men, liable to incontinence of urine, should take especial care to drink small quantities of fluid only; and the surface of their body should be kept warm, in order to diminish the determination of blood to the interior, as it will be found that such patients are less distressed by their disease in summer than in winter, which is explicable only on this principle.

CHAPTER XXV.

ON THE PURULENT DISCHARGE.

The characters of this discharge are a heavy, yellowish, opake fluid, possessing little tenacity. With the exception of a few cases, the quantity of it is seldom very profuse, and never so considerable as that of the watery discharge; and yet the secretion of pus is sometimes the cause of so great a degree of debility, that the powers of the constitution are quickly expended, of which a variety of instances are to be met with in different parts of the body; perhaps, large purulent secretions may be equally injurious to the frame, with evacuations of blood in similar quantity. Pus may be secreted by membranes in a state of inflammation, and also by ulcerated surfaces; and in the former case, when a part of a membrane is disposed to pour out this fluid, the inflammation which produces it spreads usually to the continuous parts of the same membrane. So long as the disease exists without any breach of surface, pus alone, or mixed with mucus, is secreted; but when pus is secreted by an ulcerated surface, the least violence will cause an admixture of blood with the pus; or, no violence being inflicted, the act of absorption alone will not uncommonly expose bleeding vessels: so that the fluid discharged will be a mixture of pus and blood: and this becomes a tolerably fair criterion, as to whether the pus is secreted by a membrane in a state of inflammation, or by an ulcerating surface. The irritation arising from the long continued residence of an old pessary in the vagina produces a purulent discharge, and sometimes a discharge of pus mixed with blood; but, in this latter case, if there is no other disease present, it will be invariably found, that ulceration of the vagina has been produced by pressure; and the finger of the practitioner introduced into it will be capable of detecting inequalities and depressions on its surface.

As many cases of purulent discharge are thus attended by a mixture of blood, it will be impossible to make a nice distinction between them. It is the intention, therefore, of the author to describe first the cases of purulent discharge appearing to arise from the mucous membranes of the female organs of generation in a state of inflammation, and afterwards to point out those other cases in which the pus is secreted by an ulcerating surface, it being occasionally mixed with blood.

Mucous membranes in different parts of the body are liable to different degrees of inflammatory action. In some the appearance will consist simply of an enlargement of the blood-vessels of the part, and this enlargement arising from the distention of the vessels, will continue for a considerable length of time, and at length the inflammation will retire, the symptoms gradually subsiding, and no other action taking place; an example of which is frequently found in inflammation of the tunica conjunctiva. Another mucous membrane, taking on inflammatory action, will be attended by a great secretion of mucus, as the membrana Schneideriana; although, sometimes pus may also be secreted by it, but this occurrence is rare. The mucous membrane, which lines the trachea and the cells of the bronchiæ, when inflamed, is sometimes attended by an extravasation of coagulating lymph, as in the disease called croup; whereas, in others, it will secrete pus, which will be expectorated in large quantity. The mucous membrane of the intestines, when inflamed, as in dysentery, will separate from its surface tubular flakes of coagulating lymph; and but in few instances will pus be secreted. The mucous membrane, by which the vagina, the cavity of the uterus, and the Fallopian tubes are lined, seems to be very differently affected during the existence of inflammation. In the two latter cases, coagulating lymph is almost always extravasated, when the inflammatory action is violent. In painful menstruation, (or inflammation of the mucous membrane of the uterus) flakes of coagulating lymph are almost always thrown off: in some instances possessing an irregular shape, in others forming accurate casts of the cavity which gave rise to them: and it has happened, when the inflammatory action has extended itself to the Fallopian tubes, that casts of their cavities have also been voided; sometimes in detached portions, in others connected with the superior angles of the triangular portions of the same substance, which lined the cavity of the uterus. In a case of a young lady, under the care of the late Dr. Reynolds and the author, a considerable number of these casts of the uterus and Fallopian tubes was voided during the space of twenty-four hours. Sometimes, however, the mucous membrane of the uterus being inflamed will secrete pus; and, probably in many cases, this fluid will escape from the vagina, it being doubtful whether it was formed by the uterus, or by the vagina. In other cases of inflammation of the membrane lining the uterus, a retention of the pus secreted will be produced, in consequence of the adhesive inflammation having attacked the lining membrane of the cervix uteri, so as to obliterate its cavity. The mucous membrane of the vagina, when under the influence of inflammation, rarely gives rise to the pro-

duction of layers of coagulating lymph; but a very slight degree of inflammation will excite purulent secretion. Pus, sometimes, also escapes from the meatus urinarius in women, either gradually, or mixed with the urine. In the first case, it is probably secreted by the membrane of the meatus; in the second, by the bladder.

On Inflammation of the Mucous Membrane of the Uterus, terminating in Secretion of Pus.

In this case, when the pus secreted can readily find its way into the vagina, few symptoms will be found to exist, excepting heat and uneasiness experienced in these passages; and, as the fluid escapes out of the external parts, it may be doubtful whether it was secreted by the vagina or by the uterus.

In some cases, however, the vagina is wholly free from inflammation. But the patient is attacked by pain of an acute kind in the back, and at the bottom of the abdomen. The constancy of this pain is as great as its severity; and its continuance inducing the practitioner to make an examination *per vaginam*, he finds the uterus tender to the touch, and its bulk increased, resembling the viscus when in a state of impregnation; the parietes of the uterus gradually yielding, its bulk becomes very considerable. Still, however, from the unusual occurrence of the disease, the true nature of the case is involved in conjecture, until the occurrence of another symptom, which unravels the mystery. Suddenly, a burst takes place; the patient being sensible that something has given way within her, and a large quantity of pus of a very offensive odour escapes, when the symptoms are immediately relieved. For some days small quantities of pus are evacuated, and at length the patient returns to health; and if an examination of the uterus be made after the discharge of the matter, it will be found greatly reduced in bulk.

An unfavourable opinion is usually formed of these cases in their progress: the practitioner fearing, and with reason, that some important morbid alteration of structure in the uterus is taking place; under this impression, (the prognostic leaning to the unfavourable side) the termination of the case, in the manner above described, is an agreeable surprise to the subject of it. And, although, the practitioner may derive credit for the management of it, to which, notwithstanding he is not entitled, an impression will be left on the mind of the patient unfavourable to his skill in the art of prognosticating.

The duration of this disease will depend upon the degree of the inflammation, and the disposition which exists in the sides of the uterus to yield. The retention of the matter in the uterus may be produced either by the adhesive inflammation taking place between the sides of the cervix uteri, or by the glands in its neighbourhood secreting a tough mucus, filling up its cavity as in pregnancy; or by a great degree of contraction of the cervix uteri itself.

On the 12th of January, 1812, the late Dr. Clarke visited Mrs. A. B., about sixty-five years of age, who had ceased to menstruate many years. A few weeks before he saw her, she had informed Mr. Brande, who attended her, of a small sanguineous discharge from the pudenda. The discharge was not attended by any pain; but as she was rather heated, he gave her occasionally some sulphate of magnesia in infusion of roses, from which she considered that she experienced relief. After this she had, as she informed Dr. Clarke, a discharge, at first like fluor albus, and small, but which afterwards became of a brownish colour, offensive to the smell, and greater in quantity. A very short time before Dr. Clarke saw her, she had experienced a more considerable sanguineous discharge, but without any pain. She readily agreed to an examination *per vaginam;* when the os uteri was found ragged, and much harder than usual. The cervix was of the common length, but was hard to the touch. From the upper part of the cervix, a tumour bulged out in all directions, so as to occupy nearly the whole space from the os pubis to the os sacrum.

No urgent symptoms were present; but towards the end of the month the patient sent in haste to Mr. Brande, to whom she stated, that she had been suddenly seized with violent pain in the lower part of the abdomen, attended by a sensation, as if something had suddenly given way there, and that she was still in great pain. She had passed her urine at four in the morning. After the attack of pain, however, she could pass no more; but had a frequent desire, attended with uneasiness, to empty the bladder. She was now in a state of extreme weakness and faintness, having a small thread-like pulse, and the extremities being cold. Cordial remedies being administered, the pulse was improved, and the state of faintness diminished. About half a pint of urine was drawn off from the bladder, and the patient became more easy. In the evening of the 31st of January, the day on which these symptoms appeared, the patient died, having retained the faculties of her mind nearly to the last. The body was examined; and on opening the abdomen, about seven or eight ounces of a most offensive purulent fluid were found in its cavity. When this was cleared away, the part of the small intestines, which presented itself, shewed very strong marks of preceding inflammation. On raising the intestines to expose the contents of the pelvis, a tumour appeared in a gangrenous state, with an opening in the upper part of it, through which, on the slightest pressure, a quantity of offensive pus issued, similar to that which was found in the cavity of the abdomen.

About five ounces more of matter were removed from the bag which contained it, and which was afterwards discovered to be

the uterus in a distended state. Both its external and internal surfaces were of a dark colour, exhibiting nearly the appearance of a mortified part. On the internal surface there was an appearance like half-coagulated lymph, but there were no traces of any cyst; so that the fluid was contained in the cavity of the uterus itself. The internal surface of the uterus had a honeycomb-like appearance. The orifice between the cavity and the cervix was closely contracted, so as not to have allowed the contents of the uterus to be discharged through it.

The above case proves that matter may be retained in the cavity of the uterus by a contraction of the cervix uteri alone; it being stated, in addition to the above history, that a probe could be readily passed from the vagina into the cavity of the uterus after death.

Eight or ten years ago, the author was consulted respecting a patient, about forty years of age, who laboured under symptoms of inflammation of the uterus. It is hardly necessary to detail all the particulars of this case. It may be sufficient to state, that the inflammatory symptoms ran very high; and that, on examination, the uterus was found to be so much enlarged, as to fill the cavity of the pelvis. At the end of several weeks, after the patient had been considerably emaciated, and a disposition to hectic fever had taken place, a sudden and spontaneous discharge of pus issued from the vagina, after which the symptoms ceased, and the patient recovered.

In the year 1819, a lady, aged about forty, who had been married to a second husband about six weeks, was attacked with symptoms of inflammation of the uterus. The disease was treated in the usual way, by bleeding, purging, warm bath, &c. The powers of the constitution were gradually diminished by the great degree of symptomatic fever, and the patient became daily more and more debilitated, without any mitigation of the pain, except that which was produced by the exhibition of large doses of opium. Inability of making water, and of voiding the fæces next presented itself. The former was repeatedly relieved by the use of the catheter. Saline purgatives, in some degree, obviated the latter inconvenience. An examination, *per vaginam*, being again made, the pelvis was found completely filled by an enlarged uterus, which was also perceptible above the pubis. There was no reason to believe that the enlargement of the uterus depended upon pregnancy. From this period of the complaint, the patient had the additional assistance of Dr. Scudamore. Sedative injections, repeated doses of opium, and the warm bath, constituted the chief part of the treatment. After some time, whilst in the act of voiding a stool, a sudden discharge of pus took place through the rectum, of a most offensive

kind. On each succeeding day a quantity of similar pus was mixed with the fæces; and at length the discharge of matter ceased altogether. The uterus returned to its original size, menstruation took place; and when the author last saw the patient, the constitution had acquired a considerable degree of vigour.

It may be presumed, that something more than mere contraction of the cervix uteri must have taken place in the case last described; or, it is probable, that the pus would have made its way through the natural opening, instead of the circuitous mode by adhesion and ulceration.

During the author's attendance upon some patients, labouring under enlargement of the uterus, supposed to be carcinomatous, it has been occasionally remarked, that a sudden discharge has taken place, of a small quantity of a fluid, of a yellowish-brown colour, after which the patient has remained comparatively easy for some time. As the appearance of this discharge could not be accounted for, it is not improbable that the enlargement of the uterus might, in such cases, be owing to a distention of the cavity with pus; the escape of a small quantity of which from time to time might, by diminishing the degree of distention, relieve the urgency of the symptoms.

The author offers this merely as a conjecture, which farther observation and experience may confirm or destroy; but, if it be so, the occurrence, not being very unusual, these cases must exist more frequently than might at first be expected; because other practitioners, whose attention has been directed to the cure of the diseases of the female organs, must often have heard similar remarks made by their patients.

The uneasiness attending this disease, the detection of an enlarged state of the uterus, together with the increased sensibility of the part, will naturally lead to the employment of those remedies which are found useful in removing inflammation: and this mode of treatment will be equally applicable in restraining the progress of carcinoma, as in alleviating or removing the symptoms of this disease. If the habit of the patient be plethoric, twelve or fourteen ounces of blood may be taken by cupping-glasses from the region of the sacrum; or, under any state of constitution, ten or fourteen leeches may be applied to the groins, once in a week or ten days. The use of the hip-bath will be a great source of comfort to the patient, whose hips may be immersed in tepid water for fifteen or twenty minutes every night and morning; at which time some warm water may be thrown into the vagina by a syringe. Opium may be exhibited in sufficient quantity to diminish the uneasiness of the patient; to counteract the astringent effect of which, as well as to lessen inflammatory action, purgatives must be occasionally exhibited; unless,

indeed, sufficient relief can be procured by the administration of hyoscyamus or hemlock, which possess the advantage of not inducing constipation. When the uterus has acquired the size which it is found to possess at the fourth month of pregnancy, it is to be presumed that the disease is not carcinoma, strictly so called; no tumour of this character, which the author has seen, having acquired this size; that is to say, ulceration does not take place in such tumours. A reference to a great number of preparations, illustrative of this disease, demonstrates the truth of this assertion.

The rapidity of the enlargement of the uterus in cases of collection of pus in the cavity of the uterus, comparatively with that of fleshy tubercle, may throw some light upon the nature of the case; and if there is reason to believe that the uterus is distended by pus, it may be advisable gently to introduce the extremity of a bougie, or of a male catheter, into the os uteri, and to pass it onwards, until it has reached the cavity of the uterus. By such a mode of proceeding no harm can be done, and an opportunity may be given to the patient to be quickly freed of her disease.

INFLAMMATION OF THE MUCOUS MEMBRANE OF THE VAGINA.

The membrane of the vagina is liable to take on inflammatory action from many causes; and, inflammation being once produced, the membrane is quickly excited to the secretion of a puriform fluid. When the very extensive surface of this membrane is considered, it will not be a matter of surprise that the quantity of fluid secreted by it, should be very considerable. In the corrugated state of this membrane, the canal is of small diameter; but, when distended to its greatest degree, a very large surface is exposed, the whole of which is endowed with a power of secretion. Inflammation of this part may be caused by the application of any of those circumstances, which excite inflammation elsewhere; but the vagina is more especially subject to inflammation in consequence of the performance of those functions, which succeed to communication between the sexes, the very act of which, in some women, produces the disease. The complaint may also originate from the pressure to which it is liable in the act of parturition. Inflammation also of this passage may arise from specific contagion, which form of the disease is denominated gonorrhœa. In the greater number of the cases of inflammation of the vagina, the disease extends to the neighbouring membrane of the urethra, as the symptoms appear to show. The disease, being once excited, is much disposed to continue in a chronic form; and after the inflammatory symptoms have all subsided, the discharge will continue profuse for a great length of time, even under the best management.

The symptoms attending both common and specific inflammation of this membrane, are not dissimilar. The disease begins by a sense of heat referred to the orifice of the passage and extending "up the body*," the uneasiness is sometimes described as a burning pain, affecting all the internal parts: an intolerable degree of itching of all the external organs is not an unusual concomitant; and the labia themselves become distended, by a greater determination of blood being made to them. If the matter be not carefully washed from the folds of the part, the surface becomes superficially abraded; and if it be examined attentively, a number of small round spots will be found to cover it. The sexual feelings become stronger during the continuance of the disease; a sense of burning is experienced in the act of making water, arising partly from the disease affecting the urethra, and partly from the passage of the urine over the neigh-

* This is the term usually employed by the patient.

bouring irritable parts; and the patient is excited very frequently to void the contents of the bladder, the urine being passed in small quantities only at a time.

The interval between the application of the cause and the first appearance of the symptoms in the case of specific contagion, differs in length in different persons; depending upon the irritability of the parts concerned, the cleanliness of the person, or perhaps upon the degree of virulence of the disease in the person communicating the infection.

In the generality of cases, the first notice of the existence of disease is given at the end of about eight-and-forty hours; sometimes a little earlier; in other cases much later. If the suspicions of the patient are excited, the first symptoms will be observed sooner, than by women whose fears are not alive to the subject.

Attempts have been made to discriminate between the appearances of the matter secreted in common, and in specific inflammation; and there are not wanting practitioners who fancy that the matter of gonorrhœa produces a stain upon the linen of a darker or more green colour than common pus. Such persons, in all probability, impose upon themselves; and too frequently, it is to be feared, voluntarily mislead credulous patients.

The lymphatic glands in the groin sometimes enlarge, seldom in common, more frequently in specific inflammation of the vagina; and in some instances, these glands are found to inflame, and to suppurate, although this is a rare occurrence. Where many glands inflame at once, suppuration is less likely to take place, than when one gland only takes on enlargement. The enlargement of the glands subsides, as the inflammation is removed from the vagina.

In simple inflammation of the mucous membrane of the vagina, the purulent discharge being established in large quantity, the inflammatory symptoms frequently subside very rapidly, after which a termination is put to the secretion; the parts returning to a state of health, provided there be no acting cause producing its continuance; in which case the symptoms will continue until its removal, when they will speedily cease.

In the case arising from specific contagion, the duration of the disease is greater; and the discharge, once established, continues for weeks, or perhaps for months, although not always accompanied by the other local symptoms.

It is difficult, if not impossible, to determine at what period of the disease the power of communicating infection ceases. A prudent practitioner will be careful to give no decisive opinion respecting the non-existence of this power, as there are no criteria by which its presence can be ascertained; and it may perhaps be presumed, that no person is secure from danger who

indulges in intercourse with a woman so long as the discharge continues.

It is a curious fact, that in young subjects, both male and female, purulent discharge from the urethra and from the vagina takes place in consequence of the existence of irritation in distant parts; thus, during dentition, whilst the capsule of the tooth, or the gum covering it, is violently pressed upon by the crown of the tooth, the above circumstance is not unusual; medical men, therefore, should be careful to avoid denominating this symptom venereal; since, were it actually so, it would lead to nothing useful in the treatment; and discussions, highly destructive of the peace of families, might be thereby introduced.

Histories of cases of gonorrhœa virulenta and gonorrhœa benigna, by which names inflammation of the mucous membrane of the vagina has been treated of, are to be found in the works of many excellent writers on surgery, who have also laid down the best directions for the management of the different forms of the disease. It remains only for the author to state, that it appears to him that the mode of treating venereal gonorrhœa differs little, if at all, from that which is applicable to the management of the case depending upon the application of common causes. It is rarely necessary to carry the employment of antiphlogistic remedies to any great extent. Temperance, rest, care in avoiding general and local stimulants, mild purgatives, tepid bathing, constitute, perhaps, almost all the necessary remedies. Mucilaginous drinks are generally recommended; and, inasmuch as the salts of the urine being abundantly diluted, will be less likely to stimulate than when in a state of concentration, such diluting drinks may be advantageously employed. Nitrate of potash is frequently exhibited: the author has prescribed it, but perhaps more in compliance with custom, than for any better reason.

Great stress has been laid by a writer of deserved celebrity upon the effects of Peruvian bark, in diminishing the irritability of the urethra in this disease.* Upon the authority of this writer, the author has exhibited it; but he has not been happy enough to observe any beneficial effects from it.

When inflammatory symptoms have subsided, and when the purulent discharge appears to continue, either from a relaxation of the secreting vessels, or from what has been termed a habit of secreting, the exhibition of Peruvian bark, of the resins, turpentine, and above all, of the true balsam of copaiva, has been attended with the best effects. Astringent injections thrown into the vagina, will also be found serviceable; and they may be em-

* Dr. George Fordyce.

ployed at a much earlier period of the disease, than in the other sex, in whom it has been thought that a foundation has been laid by them for the production of strictures in the urethra.

It is true that such strictures have been frequently attributed to the too great strength of the injection employed; but when it is considered that the urethra of different persons varies in its degree of irritability, that man must acknowledge himself to be a very nice prescriber, who can accommodate precisely the strength of his injection to the peculiar susceptibility of the urethra in every individual case.

Practitioners of deserved celebrity have differed much upon the subject of gonorrhœa virulenta being followed by secondary symptoms. Few surgeons think it necessary to subject a patient to a long continued mercurial course; many direct the employment of small quantities of mercury only, whilst the majority neglect it altogether.

The question is of great importance; and the author declines to offer an opinion upon the subject. He has certainly seen copper-coloured spots on the bodies of patients, who have laboured under gonorrhœa virulenta, removable only by the oxymuriate of mercury and sarsaparilla: but he thinks that he has seen similar appearances upon the skin of patients, whose chastity could not be suspected.

The author has certainly known several instances of married women, who have laboured under a purulent discharge, which might possibly be the effect of contagion, bringing forth children prematurely; some of which have been born dead, and others possessing a dark-coloured furfuraceous cuticle in different parts of their bodies, which appearances have yielded to the use of the milder preparations of mercury.

ABSCESS OF THE VAGINA.

The labia and the nymphæ, but especially the former, are liable to take on inflammation, which frequently terminates in the formation of matter. The symptoms of this disease and its treatment differ so little from those of inflammation in other external parts of loose structure, that nothing need be said respecting them in this place; but purulent discharges from the vagina occasionally issue from the cavities of abscesses, which form in the cellular membrane surrounding this canal. Such cases, not admitting of those modes of cure, which are applicable to other purulent discharges from these parts, some observations will be here made upon the subject.

In the first place, it is to be remarked, that such cases are of very infrequent occurrence; the common causes of inflammation being much more apt to produce this action in the uterus, or in the membrane of the vagina, than in the cellular membrane which surrounds the passage.

At the commencement of the disease, there are no especial circumstances which point out its existence; the practitioner finds symptoms present which denote local inflammatory action, and treats them accordingly. At length a discharge of matter takes place, which shortly ceases, and the patient believes that her complaint is cured. After some time she is again attacked with uneasiness in the part affected, attended with a sense of fulness and of pressure; and again a quantity of pus escapes. These circumstances lead to an examination, when a soft tumour will be found behind the vagina; and pressure being made upon it, pus will escape. After the disease has continued for some time, the general health will be found to suffer, and occasionally, the parts in the neighbourhood will become more than commonly irritable.

In the few cases of this disease which have fallen under the care of the author, the menstruation has been usually profuse; which, indeed, might be expected, when it is considered that inflammatory action is taking place in the neighbourhood of the uterus.

The author has known this disease arise in single women of lax fibre, in whom no cause for its production could be assigned. Indeed, whenever the disease has occurred, the subjects of it have been weak and irritable women. At different periods of time, the glands of the groin become enlarged and hard, and sometimes suppurate.

When a collection of matter has taken place in any part of the

body, the absorbents are disposed, by their action, to form a communication either with the surface of the body, or with an internal cavity having an external opening, provided such cavity lies adjacent: and, *cæteris paribus*, the abscess will break where the action of the parts is the most considerable, and the temperature the highest. For instance, if an abscess takes place in one of the labia, a natural opening will be more likely to occur in that part which is in contact with the labium of the opposite side, than externally. When abscess takes place in the cellular membrane surrounding the rectum, it will frequently burst into that gut, instead of on the outside of the anus. So, in like manner, when abscess takes place in the cellular membrane, surrounding the vagina, it will be found to break more frequently at the upper part, where the action of the vessels of the parts is the greatest, than at the lower part, notwithstanding the pressure made upon it by the matter contained; and, out of this circumstance arises one of the greatest inconveniences attending the disease; the abscess in this way being seldom emptied of its contents, which become, from retention, highly offensive; the supernatant quantity escaping out of the mouth of the abscess, when its cavity can contain no more.

Cases of the above description become very unmanageable, even when clearly understood. It is evident that no astringents can restrain the discharge, that no stimulant can be thrown into the cavity of the abscess, so as to induce a contraction of it, adhesion between its sides, or granulations; and unless the most depending part of the abscess should be situated so low, as to be capable of being brought within sight of the surgeon, it would be hazardous to attempt an operation, so as to expose its cavity, or to introduce any extraneous body, such as a seton, to excite a new action within it.

In the year 1818, a young lady, recently married, laboured under an offensive purulent discharge, not constant, but occasional, and which always followed communication with her husband; so that the case was involved in some obscurity. A tenderness of the surrounding parts was present, and the general health was a good deal impaired. It was ascertained, that, although some uneasiness attended connexion, the patient was rendered more comfortable for several days afterwards.

The lady (who lived in the country) came to London, and placed herself under the care of the author. Mr. Cline also saw the patient two or three times in consultation. On examination, a bag distended with fluid could be felt behind the vagina, and the lower part of this being pressed upon, a highly offensive purulent discharge of a greenish colour came from the upper part of the vagina. The pressure being continued, all the matter es-

caped, and the bag could be no longer felt. Thus it was satisfactorily explained why the symptoms were diminished by the coition, and how this produced an evacuation of the contents of the bag.

It was not judged proper to resort to any chirurgical operation: a plan of treatment was directed, having for its intention the improvement of the health of the patient, and the prevention of accumulation in the cavity of the abscess.

The patient returned into the country; the powers of her constitution were restored; the discharge diminished, and ceased to be offensive; pregnancy took place, and the patient was delivered prematurely, in consequence of some exertion which she had undergone.

Another case, not very unlike the preceding, occurred in a lady in the country, who fell under the care of Mr. Dalrymple, of Norwich, and the author. It is hardly worth while to describe the particular circumstances of this case. It is to be observed, however, that it terminated equally favourably with the former, in consequence of the employment of similar means.

A young lady was attacked with pain about the pelvis, attended with soreness of the vagina, and she was incapable of bearing the slightest exercise in a carriage without an aggravation of all the symptoms. A brownish puriform discharge, of an offensive smell, was occasionally voided; the functions of the stomach were disturbed; the powers of the constitution flagged, as well as those of the mind. An examination was made by the author; but he discovered little, except that, on the removal of the finger, a purulent discharge followed. The uterus was perfectly healthy. This case was also attended by Mr. Murray Forbes. The patient employed a variety of different remedies, both local and general; and although she gained strength, and her spirits improved, the author cannot flatter himself that the means which he suggested were of the least service in removing the disease itself.

It is to be observed that in all the cases of this disease, the discharge is not constant, as from an ulcerated surface; but that the patient is sometimes entirely free from it, whilst at others the quantity of puriform fluid is very considerable.

ON ULCERATION ATTACKING THE OS UTERI AND THE CERVIX UTERI.

It has been too much the custom with practitioners to consider all the different kinds of ulceration, taking place in these parts, as terminations of the disease called scirrhus or carcinoma. This opinion has been strengthened by the fatal termination of such ulcerations. But there are two varieties of ulceration attacking these parts, which, although both fatal in their consequences, produce symptoms differing very much from each other. In the second edition of Dr. Baillie's work on Morbid Anatomy, a disease called Malignant Ulcer of the Uterus is described, and Dr. Baillie has the candour to state that, in his first edition, he confounded this disease with scirrhous enlargement, considering these as varieties of the same complaint.

It has been the custom of the author, during a period of sixteen years as a teacher, to describe two different kinds of ulceration of the uterus, both of which may be considered as malign; the one under the denomination of the corroding ulcer of the os uteri, the other under the name of carcinomatous ulcer. These will be separately considered.

ON THE CORRODING ULCER OF THE OS UTERI.

This complaint usually occurs at that period of life at which the secretion of the menstruous fluid becomes naturally interrupted. The age at which this happens, it is well known, varies in different women. The author does not recollect having met with an instance of the disease before the age of forty, and it commonly takes place between that age and fifty-five.

It would be expected, *a priori*, that diseases of increased action would be especially likely to arise at this time, in consequence of the cessation of a long-continued secretion.

Even when no change of structure takes place in the uterus, that viscus is commonly found of a larger size than is usually met with in the unimpregnated state in an earlier period of life, and it is not until the balance of the constitution has been restored, that the organ is again brought back to its original size. It is not here meant, that any considerable degree of enlargement takes place, but just what might be expected to occur in a part to which the usual determination of blood is made, but from which the accustomed secretion has been removed.

When inflammation attacks a part, if its progress be not arrested, it sometimes happens, especially in situations where loose texture prevails, that abscess takes place. In situations possessing a firmer texture, it more usually happens that an extravasation of coagulating lymph is formed, occasioning a thickening of the part. The inflammation proceeding, ulceration takes place in the part so thickened. Sometimes, however, this is not the case, and the symptoms of inflammation retire when the arteries have effected this change of structure.

In other cases, especially where inflammation attacks membranes, the morbid action proceeds to another stage, in which the action of the absorbents produces what is termed ulceration, no intermediate thickening of the parts concerned having been effected; and this is the peculiarity of that disease which is called the corroding ulcer of the os uteri.

It has been so much the custom with writers to have recourse to other languages to designate different diseases, that it may be thought that a better name might be given to this complaint than that of "the corroding ulcer of the os uteri." But as it is the object of the author to be understood, he prefers the above name. If another reason for employing this term should be expected, it is briefly this,—that it was employed by the late Dr. Clarke, whose acuteness and talents were only equalled by the

simplicity of his manners at the bed-side, and in the lecture-room: and who strove, not to be admired, but to be useful.

When once ulceration has produced a breach of surface in a membrane, it frequently happens that such ulceration extends itself over continuous parts of such membrane, so as to enlarge its surface; in other instances the process involves the more deep-seated parts, causing an excavation, with no enlargement of the original boundary of the ulcer.

In the corroding ulcer of the os uteri, the membrane which covers it first takes on disease, and very shortly afterwards the ulcer extends to the whole circumference of the opening, and to the parts immediately beneath it; so that the natural shape of the os uteri is destroyed. Thence the ulceration proceeds to the cervix, and consumes it; so that, if the patient should die in this stage of the disease, nothing will be found, after death, but the body and fundus of the uterus. Sometimes the disease does not stop here, but, before the patient is destroyed, the absorbents employed in the process of ulceration will have taken up nearly the whole body of the uterus, so that very little more than the fundus will remain.

In the author's collection, there are three preparations showing the disease in all of these different stages.

This does not happen in the carcinomatous ulcer, by which the patient is worn out before there is time for such a degree of absorption to have happened. If an examination be made *per vaginam*, the breach of surface may be readily distinguished, and the extent of the disease ascertained; but no hardness of the parts will be present, no thickening, no deposit of new matter.

If the body of the patient be inspected after death, there will appear abundant evidences of the destructive process, but no hardness, no thickening, no deposit of new matter; so that, during life, and after death, there is a tangible and visible difference between the corroding ulcer, and the ulceration of cancer.—A manifest distinction between these two diseases will be met with also in the

Symptoms.

Changes in the temperature of different parts of the body so frequently occur, that but little attention is usually paid to them. A sense of extraordinary heat in a part may be noticed; it may subside, and be forgotten: so, in this disease, a sense of warmth referred to the upper part of the vagina, may arrest the attention of the patient, but may not excite apprehensions respecting its cause, until either it has been greatly increased in degree, or accompanied by other symptoms.

It is not unusual with women to refer all extraordinary sensations, arising at the time of the cessation of the menses, to what they term "the change of life;" and to consider that, when they have thus accounted for their diseases, they have at the same time cured them.

The menstruous secretion, it has been already said, has ceased; in its stead a yellowish discharge escapes, perhaps trifling in quantity, and now and then mixed with a streak of blood; by degrees the sense of warmth is converted into a glowing heat, affecting the region of the uterus; and it is by no means uncommon with patients to state, that they feel "as if a hot coal was within them."

As this sensation of heat increases, so the quantity of the discharge increases, the ulceration extending more rapidly.

The perpetual drain necessarily diminishes the quantity of circulating blood; in consequence of which the countenance becomes pallid, and weakness of the whole system is produced. The effects of weakness upon the muscles, the arteries, the heart, and the absorbent system, are too well known to need any description here. It will be sufficient to state that the effects of debility will be visible in the want of the due performance of the functions of these and other parts.

Supposing that this disease were carcinomatous ulceration, amongst an assemblage of other symptoms the most prominent would be, the lancinating pain, which invariably attends that complaint.

In the corroding ulcer, lancinating pain forms no part of the symptoms. By this assertion, it is not intended to convey a notion that a disease so formidable as that which has been described can exist wholly without uneasiness; an ulceration of the leg will be attended with pain, but by no means comparable with that attendant upon cancerous ulceration of the scrotum or mammæ.

It appears, then, that pain of an intense and acute kind is not a character of the corroding ulcer of the os uteri.

When a finger, introduced into the vagina, is made to pass over the ulceration, the patient does not complain of pain; she does not suddenly shrink from pressure, as when carcinomatous ulceration is present: but if asked what sensation she experiences, she will commonly reply, that she has a sense of soreness.

From what has been said, the author trusts that a disease has been described of a distinct kind, being nevertheless allied to what has been called cancer in its termination, possessing uniformly a fatal tendency, although the corroding ulcer will last during a much greater length of time, unless attended by violent hemorrhages, which arise sometimes from the exposure of blood-vessels, the coats of which are destroyed by the ulcerative process.

Treatment.

In no disease is it more important to attend to the early symptoms, than in inflammation. By so doing the most frightful consequences are frequently prevented, and the safety of many organs thereby ensured; as when this process attacks the brain, the eye, the lungs, &c. It is true that the uterus performs no office in the constitution when menstruation has ceased; it remains an inactive, and thenceforward a useless part, liable, however, to suffer materially from morbid changes, and to involve the constitution at the same time in destruction. When once the ulcerative process has commenced in this disease, the part attacked by it never, as far as the author's experience has gone, recovers its healthy structure; but increased action of the blood-vessels of the os uteri, which would eventually terminate in ulceration, may probably be diminished or controlled, so that no ulceration may take place, and, by such a mode of treatment, much advantage is gained.

Whenever, therefore, a patient in whom the menstruous secretion has recently ceased, complains of an increase of heat in the lower part of the back, or of the abdomen, or in the parts of generation themselves, a prudent practitioner, foreseeing the probable result, will direct the loss of some blood from the neighbouring parts. The most precise mode of obtaining this blood will be by cupping; although, if the patient be averse to the operation, leeches may be applied; but, upon the whole, they do not afford the same certain and immediate relief, neither can the quantity of blood removed by them be so exactly estimated.

The operation of cupping should be repeated at the termination of a fortnight or three weeks; and, if the sense of heat should continue, the further loss of blood should be directed. The only disadvantage which can arise from this practice, will be a temporary weakness,—a circumstance of no importance when compared with the magnitude of the complaint which it is the object of the treatment to remove.

General bleedings from the system will afford little or no relief; and will, as is well known, induce a greater degree of debility.

The immersion of the hips of the patient in warm water twice a-day will be found highly serviceable; and the hip-bath will be the most convenient mode of employing this remedy. The heat of the water should be so regulated that it should not exceed ninety-four degrees; neither should the temperature be such as to induce any feeling of chilliness. Some of the water in which the patient sits may be thrown into the vagina by a female syringe.

If this remedy be useful in the early stage of the complaint, it is no less so in that in which ulceration has taken place, as by means of it the parts will be kept clean, and the pus removed soon after it has been secreted. When the patient has not the means of procuring the convenience of the hip-bath, she may apply warm water by sponges to the lower part of the abdomen, and to the external organs of generation; and the use of the syringe with warm water will be still more essential than when more perfect modes of ablution can be attended to.

Saline purgatives, exhibited in very small doses, possess not only the power of allaying inflammation, by the watery secretions which they produce from the intestines, but they appear also to possess a specific power of tranquillizing the system, when in a state of disturbance and increased action, even when they produce very little sensible effect.

Twenty, thirty, or forty grains of magnesiæ sulphas, or potassæ sulphas, may be exhibited twice in each twenty-four hours; and the beneficial effect of these medicines may be still further increased by combining them with very moderate quantities of extractum conii, or extractum hyoscyami.

The neutral salts may be made more agreeable by the addition of a small quantity of some aromatic water; and, if nausea should be produced, four or five drops of tinctura opii may be added to each dose, instead of the other vegetable sedatives.

There can be no objection to the employment of sarsaparilla, or of any medicine supposed to produce an alterative effect, provided that such medicines are not found to derange the functions of the stomach, or in any way to impair the powers of the constitution.

There is too much reason to fear that both of these effects are unintentionally produced, when patients are desired to swallow a quart or three pints of decoctum sarsæ in the course of each twenty-four hours.

An abstemious diet should be enjoined; and the food should be of such a nature as will neither form blood readily, nor stimulate the patient, nor oppress the stomach. Fish, puddings, boiled fruits, and vegetables, will constitute the best kind of nourishment.

It need hardly be stated, that every thing which can excite the action of the parts concerned should be studiously avoided.

Hitherto it has been supposed, that the disease has been in its infancy; but, let it be allowed that ulceration is proceeding, and that the patient is already weakened by the quantity of the purulent discharge, what supports that ulceration but the inflammatory process? what remedies will be more serviceable than those which retard it? so that, even in this second stage of the disease,

the remedies applied to the first stage will be equally proper. At length, however, it may happen, that the patient may be so much weakened by the purulent secretion, as to render it probable that she may sink under its effects.

Mild astringent fluids, in the form of injection, may then be thrown into the vagina, the posture of the patient during the use of them being such as to favour their application to the seat of the disease.

In the progress of the ulceration, hemorrhage may arise; to restrain which, some stronger applications will be necessary, such as solutions of sulphas aluminæ in decoctum corticis granati; or, if this should be inefficacious, solutions of cupri sulphas, or argenti nitras.

Small doses of acidum sulphuricum, given in equal parts of decoctum cinchonæ and infusum rosæ, will sometimes be found useful auxiliaries; and both in the early and the latter stage of the disease, the patient should remain constantly in the horizontal posture, if she sets any value upon the continuance of life; and the necessity of attending to this latter direction should be enforced in the strongest manner by the practitioner.

ULCERATED CARCINOMA OF THE RECTUM.

The vicinity of the rectum to the uterus, the sympathy between these parts, and the effect produced by the action of the one upon the other, will account for an assemblage of symptoms in diseases of both of these organs, of a mixed nature; so that without an accurate inquiry and an examination, it will be difficult to determine which part has become affected. Many instances have occurred in which a complaint of the rectum has been treated as a disease of the uterus; and even a greater number, where alterations in the structure of the uterus have been referred to the rectum.

In proportion as the practitioner is engaged in treating the complaints of one or the other of these parts, he will be led to attribute the symptoms to that organ to which his attention has been chiefly directed.

Whenever, therefore, symptoms of carcinoma in the rectum or in the uterus present themselves, it should be first recollected that, as the latter part is more liable to the complaint than the former, it is probable that the uterus is the seat of the disease.

In the first volume of this work, the first stage of carcinoma, both of the uterus and of the rectum, has been considered; and it now becomes necessary to record those changes which take place in consequence of the ulcerating process commencing, which converts the complaint into what has been familiarly called cancer.

The mucous discharge which attends the early stage of carcinoma of the rectum, becomes gradually of a purulent nature, and the quantity of pus secreted will be found to be in proportion to the length of the intestine included in the disease.

The appearance of pus at the anus may lead to a suspicion that fistula exists; but an examination of the parts will shortly put this question at rest.

If the finger of the practitioner be carried into the rectum, it will be girt by a constriction of considerable thickness, through which it cannot be passed; and if any attempt is made to surmount the difficulty by violence, the patient will suffer excruciating pain, and a discharge of blood will be the consequence of such a rude inquiry.

The surface of the constricted part, instead of possessing the smoothness of the villous coat of the intestine, will be sensibly abraded; and it will be scarcely possible to conduct the investigation without producing some discharge of blood.

The existence of the disease being once known, the surgeon should not be too solicitous to ascertain its extent, as no advan-

tage can arise from such knowledge even when acquired; because it is not here, as in the more superficial situations of the disease, that it can be removed by operation; previously to determining upon which, it would of course become necessary to be acquainted with the boundaries of the disease. The most trifling case of carcinoma existing in an internal part requires the same vigilant care, as one in which the disease has proceeded to a much greater extent; and the same fatal consequences will be found to ensue from a small carcinomatous thickening of the intestinal canal, as from a larger portion being involved in the disease, the patient being frequently cut off not so much by the symptoms arising from the disease itself, as from the effects produced by such disease upon the functions of the organ which is the seat of it.

A large tubercle of the liver may exist during many years without proving fatal; but a small tumour of that organ, situated so as to compress the gall ducts, may destroy the patient in a much shorter time by producing jaundice, dyspepsia, emaciation, and dropsy.

Very little is known respecting the diseases of the pancreas; but a trifling thickening of the head of that viscus pressing upon the gall ducts may produce irremediable jaundice, dropsy, and death.

An enlargement of the mesenteric glands may exist to a considerable extent, attended only by symptoms of debility; but such a consolidation of them may be produced as may compress the large blood-vessels at the posterior part of the cavity of the abdomen, and as to cause convulsions and death; a preparation of which the author has in his collection.

In like manner, carcinoma affecting not more than a quarter of an inch of the rectum may, by obstructing the passage of the fœces, cause a distention of the whole colon; and the patient may die of inflammation of the coats of the gut produced by such distention. If three inches of the intestine had been involved in the disease, the symptoms would only have been the same; so that neither will the treatment be improved, nor the prognostic be assisted by the knowledge of the extent of the complaint.

When common ulceration attacks a part, such part is destroyed by it; but where the ulceration of carcinoma exists, the deposit of new matter by the arteries more than counterbalances the effect produced by the action of the absorbents, and the thickening and the destructive process proceed simultaneously.

The functions of the rectum, as a reservoir for the fœces, and as a canal through and by which they are to be ejected, render it impossible to maintain this part in a state of rest; and the constant pain belonging to the disease will be materially aggravated by the disturbance to which the parts will be occasionally subject.

If the constipation attendant upon carcinoma of the rectum be not referred to its true cause, and if the patient be frequently exposed to the action of purgatives, the symptoms of the disease will be increased by the very means employed to alleviate them.

All the symptoms which attend the first stage of this disease will be found to exist in a greater degree in the second. The darting pain will be increased both in frequency and in violence; the action of the heart will be greatly and permanently accelerated; the functions of the stomach will become more and more impaired; vomiting will be almost constantly present; temporary relief will be found only in opium; and permanent rest only in the grave. In the progress of the ulceration, blood-vessels will be exposed which will pour out, according to their size, a larger or smaller quantity of blood; and happy would it be for the patient if such hemorrhage should prove fatal; but such an event is hardly to be expected; and, unless in parts more abundantly supplied with blood than the rectum, such an occurrence is seldom met with.

The ravages of carcinoma extend in all directions; most where the disease is least resisted. Thus it will occasionally happen that the parts which form the barrier between the rectum and the vagina will be destroyed, and a communication will be formed between the two cavities; or it may happen that distention of the upper part of the rectum by fœces above the seat of the disease may cause common ulceration of the coats of the intestine and of the vagina; and the fœces may from this cause also be voided through the latter passage during the continuance of the patient's life. From this point of time, the disease in the rectum proceeds after the manner of external carcinoma; the part in which it exists, having ceased to perform its accustomed functions, becomes no longer annoyed by serving the purpose of a canal.

Great stress has been laid upon the fœtor of the discharges from cancerous sores; that they are offensive is beyond doubt, but it is probably in consequence of the sloughing progress which commonly in some degree exists in such sores, and not from any peculiarity of the discharges themselves. Common pus to which the access of air is allowed will become putrid; and it will be difficult to wash away the discharges from the parts, as soon as they are secreted.

In those instances where a communication is formed between the rectum and the vagina, the mixture of the contents of the intestinal canal with the discharges will give them a fæculent odour.

As ulcerated carcinoma of the rectum, and of the uterus, require a mode of treatment nearly similar, the reader is referred to the observations which will be made upon the subject of ulcerated carcinoma of the uterus, with regard to that point.

ULCERATED CARCINOMA OF THE UTERUS.

A carcinomatous tumour of the cervix of the uterus, or a thickening of that part, may arise between the age of thirty and forty, and the woman may die of some other disease during its continuance; or she may live many years under proper management, and provided she will submit to certain privations. The treatment of the first stage of this disease will be found in the first volume of this work. Sometimes, however, notwithstanding all the means employed on the part of the practitioner, and all the disposition to submit to the rules laid down, upon the part of the patient, a new action will take place upon the surface of the tumour, or thickening; namely, absorption, or the ulcerative process.

In one patient, ulceration will be found to attack a small part only of the surface of the tumour; in another, the process will commence all at once over a more extended surface.

In the former instance, the disease will be a longer time before it proves fatal; in the latter, *cæteris paribus*, the progress of the disease will be more rapid. A great difference is also observable in the quickness with which the disease proceeds at the commencement of the ulcerative process, and after it has continued some time; and this is attributable to the failing powers of the patient, in which case the action of the absorbents being lessened, the ulcerative change proceeds more slowly. Practitioners should be well aware of this fact, or they will be led hastily to make a false prognostic respecting the duration of the complaint, estimating the future steps of the disease by the former.

Thus a number of instances will be found, in which the patient will exist in a state of exreme weakness during many weeks or even months, contrary to the expectations of the medical attendant. Spontaneous bleedings from the ulcerated surface, producing more sudden debility, will have the same effect in retarding the progress of the disorder.

At the commencement of the ulcerative process, it is not unusual for the patient to complain of a puffy and enlarged state of the external organs, which owes its origin simply to the increased action and distention of the vessels in the neighbourhood. A great degree of itching is another frequent attendant, and erisypelas occasionally takes place in the vicinity.

The cuticle is often found to desquamate; a trifling oozing ensues, which dries upon the surface, forms furfuraceous scales, and constitutes a new source of irritation. These latter inconve-

niences, are by no means confined to the external organs of generation, as they are usually called; but they extend themselves towards the groins, and to the inside of the thighs; the vestibulum becomes irritated by the discharge, which assumes an ichorous, and shortly afterwards a purulent appearance. But the quantity of the discharge, is by no means comparable with that which is met with in some other diseases of those organs.

The pus discharged in these cases, has usually a fœtid odour, the reason of which has been before given. The quantity of the discharge sometimes greatly diminishes, although the disease advances, in consequence of the diminished quantity of blood in the circulation; streaks of blood are occasionally mixed with the pus which escapes; or small coagula come away; or hemorrhage may take place in quantity sufficient to cause syncope, and to excite great alarm in the mind of the patient.

If the bladder and the rectum have not sympathized with the disease in its early stage, they will seldom escape at this period, not only from the consent which obtains between all these organs, but also from the disease extending itself to these in common with all the adjacent parts. Such a degree of thickening of the meatus urinarius, sometimes takes place, as to impede the passage of the urine, and to require the use of the catheter; shortly after which the urine will gradually and spontaneously escape, not through the urinary passage, but from a communication formed between the posterior part of the neck of the bladder and the vagina. Portions of coagulating lymph will frequently be washed away from the parts in the passage of the urine.

When the vicinity of the rectum to the uterus is considered, it will be expected that a communication between the former part and the vagina would at the same time take place; but this is not so, as in many cases where there is a fistula of the bladder, there will be found no communication between the intestine and the vagina.

Still, however, this circumstance is now and then met with, and from the moment that it is established, no fæces pass through the anus; the external parts forming the channel through which urine from the bladder, fæces from the rectum, and pus from the ulceration, are discharged. The stench now becomes intolerable, and the hips of the patient, lying almost always immersed in the excreted matters, the soft parts inflame, and sloughing takes place.

Whilst these changes are going on in the organs which are the seat of the disease, others no less visible and distressing are met with elsewhere: the circulation becomes hurried, and the additional wear and tear, produced by this circumstance, increases the emaciation always attendant upon this complaint.

The fat is absorbed in every part of the body, so as to expose the shape of the skeleton; the muscles shrink, and by degrees the blood-vessels become drained of their contents, the pulse acquiring a character of hardness, from the necessarily increased action of the coats of the arteries upon the diminished quantity of their contents. The constitution possesses no power of compensating for this waste of strength and of substance; the functions of the stomach fail; little food is received, less is digested; and sometimes incessant vomiting takes place, first of the matters usually contained in the stomach, and afterwards of bile, which regurgitates into the stomach from the violent efforts of retching. Small ill-conditioned sores arise in the angles of the mouth, and teaze the patient not a little, the tongue becomes sore, its surface being sometimes pale, dry, and glossy, and sometimes having a dark red colour.

The mucous membrane which lines the mouth is liable to small ulcerations, having a languid base; and these are called aphthæ. Perhaps none of the mucous membranes in the body are exempt from these appearances, in certain states of weakness produced by long-continued disease. They are occasionally seen about the margin of the anus, and the author has frequently noticed them upon the surface of the vestibulum.

A burning heat of the stomach, and of the intestinal canal, becomes another cause of distress to the patient; this sensation may be dependant in part upon the irritating quality of the fluids of the stomach, and in part upon the presence of aphthæ in the primæ viæ. Another symptom, by which the patient is much distressed, is an insatiable thirst, which nothing can allay. This greediness of liquids is not present during the whole of the disease, but it arises at that part of the complaint at which so little blood remains in the blood-vessels as not to furnish fluids for secretions. Something like this takes place in hemorrhages when they become profuse. To sum up the patient's misery, to render her situation more distressing, she is tortured by a violent, acute, and darting pain, sometimes resembling a sharp instrument piercing the pelvis in different parts; becoming sometimes so intense as to cause the most patient woman to exclaim; and depriving her of all quiet by day, and all repose by night.

Thus it appears that the situation of a woman labouring under ulcerated carcinoma of the uterus is infinitely more pitiable than that of a woman who has the disease in her breast; for not only are the symptoms more numerous, and more insufferable, but she has not the good fortune to be cut off in the progress of the disease by accidental symptoms. In ulcerated carcinoma of the breast, the patient is usually destroyed by hydrothorax; but no such blessing is afforded to the subject of this disease in the ute-

rus, the sufferer being compelled to endure till her frame is exhausted by pain, by vomiting, by want of sleep, by discharge, by an offensive atmosphere, or by gangrene of the integuments.

Treatment.

In considering the mode of treating ulcerated carcinoma of the uterus, regard must be had to the cause of this disease, which, although not obeying the laws by which common inflammation is governed, is nevertheless controlled by the employment of those means which subdue that process when arising from the application of common causes. Whenever a patient, labouring under carcinoma of the uterus, has placed herself under the constant care of a physician or surgeon, it will be necessary that he should watch with attention the changes which take place in her constitution. If he should find the circulation becoming accelerated, the skin more than usually hot, flabbiness of the integuments, softness and shrinking of the muscles in different parts of the body, he may presume that some important change has taken place in the diseased organ. If, together with these symptoms, the lancinating pain has been rendered more acute; if the sympathies between the uterus and the adjacent parts, or between that organ and the stomach, have been more than usually called forth; or if, lastly, the mucous discharge has assumed a puriform character, there can be little doubt that a breach of surface has taken place, and that the complaint has acquired its most frightful and distressing character. Sometimes considerable itching ushers in this change: from this point of time, all those cautions which were offered to the patient in the earlier stages of the disease should be insisted upon, as circumstances essential to her future comfort, and necessary to her preservation. If the patient should possess a vigorous constitution, and if she has been in the habit of living freely, the pulse being full, and strong, and hard, it will scarcely be justifiable to omit general blood-letting. Such a practice is, however, seldom requisite: and the propriety of adopting it must be left to the judgment of the practitioner, who must take into consideration this circumstance, that the disease does not exist in an organ essential to life, and that time will be allowed him to repeat local blood-lettings if he should think them to be more proper. So that the treatment should not only be adapted to the symptoms themselves, but should have relation to the organ involved in the disease.

Some blood having been taken away by the lancet, the practitioner will determine upon the propriety of a second blood-letting, by the greater or less degree of the inflammatory crust,

and by the proportion of the solid to the serous part of this fluid. By a single general blood-letting, the symptoms may be arrested, and the ulcerative process may remain nearly stationary, as far as it may be judged of by the subsidence or diminution of the symptoms.

When the disease occurs in less plethoric constitutions, where general blood-letting would be contra-indicated, local bleeding will be found eminently serviceable; and, by a timely use, and repetition of this remedy, there is reason to believe that essential benefit is obtained. It has been already observed that, during the process of ulceration in this disease, the deposit of new matter continues, so that it is by no means uncommon to find, on opening the bodies of women who die in the ulcerated forms of this complaint, a much greater thickening of the parts than actually existed many months previously to death. Local blood-letting, then, diminishes the action of the arteries, by which new lymph is effused. The quantity of blood to be taken by cupping may vary from six to twelve ounces, and the cupping-glasses should be applied just above the fissure between the nates. It is not always practicable to procure a sufficient quantity of blood from the lower part of the abdomen; and even if it were so, women are very naturally and properly averse to the operation being done at that part. If, therefore, it should be thought right to take away blood from the lower part of the abdomen, the object must be effected by the application of leeches scattered above the pubis, from one groin to the other. From a variety of circumstances, it becomes impossible to estimate the precise quantity of blood taken away by these means; but it may be presumed that three or four drachms will be taken by each leech, including the quantity which afterwards escapes from the orifice. In the progress of the complaint, leeches may be applied to the labia, or even within the vestibulum, by means of which more relief is sometimes obtained than by their application to the pubus. It will not be sufficient to order local blood-letting once or twice, but it will be desirable to prescribe it once in three weeks or a month, provided the patient should not be much weakened by it, or exhausted by pain, or by discharge of any kind.

In some instances, a profuse spontaneous bleeding has arisen from some vessel exposed by the ulceration, to the extent of producing syncope; the result of such a circumstance is frequently found to be favourable to the patient, the progress of the symptoms being thereby, for the time, arrested. Even in the latter stages of the disease, when the loss of blood could hardly be considered to be warranted, it may, nevertheless, be proper to recommend it. It is a well known fact that carcinoma of the uterus involves, in its ulcerated stage, all the parts in its neigh-

bourhood; but the author is not aware, that the manner in which this communication is made has been described by other writers. When the process of ulceration is simply confined to the uterus, and cellular membrane surrounding it, the symptoms proceed with a degree of regularity and uniformity; but when a new organ is attacked, new symptoms arise, appertaining to and characteristic of inflammation in such organ. For instance, when the rectum is attacked, there is tenesmus, great heat in that part, increased distress on voiding the fæces, exquisite tenderness of the gut if the finger be carried into it. So, in like manner, if the disease proceeds to the bladder, shivering usually comes on, succeeded by heat, great pain, which is fixed and constant, together with strangury; if the disease makes its way, which, however, is not very common, into the cavity of the abdomen, symptoms of peritoneal inflammation will present themselves; such as tenderness of the belly, distention of its cavity, and a small frequent pulse. Now, if these symptoms are allowed to proceed, the patient will die, as she would do if attacked by acute inflammation of the bladder, or of the peritoneum. Thus the presence of these symptoms, even in a late period of the disease, may call for the loss of blood, although, under any other circumstances, it would be improper to direct such a remedy.

The management of the discharge from carcinomatous sores, is a circumstance deserving the best attention of the surgeon. This discharge appears to have the power of converting the neighbouring parts to which it is applied, in some instances, into sores of a similar character to that by which it was itself secreted; and there is reason to believe that the spreading of carcinomatous ulceration may be greatly retarded by the employment of those means which absorb or remove the ichorous fluid secreted by them. Common aphthous sores, which frequently arise in the vestibulum of women who have long laboured under diseases of the female organs, may also possibly be converted into malignant ulcerations. These observations especially apply to carcinomatous ulcerations of internal parts, in which the discharges are more likely to be retained than where the disease attacks external surfaces. If it were only that the fœtor attending such sores, would be removed by cleanliness, attention to this circumstance would be of great consequence, inasmuch as the patient's health, and that of such persons as may associate with her, will be less likely to suffer than when constantly breathing an impure atmosphere.

Of all the modes of applying water to sores at the upper part of the vagina, none is so effectual as the use of the hip-bath; in the employment of which, the water is brought into contact with the sore without any risk of injuring the latter. By these means,

the object of maintaining cleanliness is not only obtained, but a soothing application is made to an irritable surface; the careful injection of warm water into the vagina, by a syringe, or the agitation of the water by the hand, will render it more likely to remove any portions of coagulating lymph or thickened matter which may adhere to the inside of the vagina. The heat of the water employed should depend upon the feeling of the patient in some measure; but, generally speaking, it may vary from about 86° to 94°. Where the patient is too weak to bear the exertion of being placed in a hip-bath, her hips may be brought over the edge of the bed, and warm water may be carefully injected into the vagina by a female syringe. The quantity of the discharge is frequently increased by the means above-mentioned, but the comfort which the patient will derive from it will abundantly compensate her for any debility which may be produced by the remedy; and excruciating attacks of pain are sometimes rendered very sufferable by a frequent recurrence to it. Strong decoction of carrots, sometimes used for the same purpose, has the happiest effects. Warm water may also be made the vehicle for a variety of sedative applications, which are found by experience to tranquillize all irritable sores; and, in some, to expedite the healing process. Amongst the different applications for this purpose, the extractum conii, or extractum hyoscyami, may be mentioned, either of which may be employed in the proportion of about three or four drachms to a pint of water. Solutions of opium, or of extract of poppy, may also be used; of the former, two drachms of the latter, half an ounce, may be dissolved in each pint of water. Starch, or mucilage of squince-seed, form good menstrua for these applications; their adhesive property enabling them to cling to surfaces to which they are applied. Three or four ounces of either of these fluids, impregnated with sedative substances, may be thrown into the rectum in those cases where relief is not obtained by their application to the vagina; but when opium is used for this purpose, the practitioner should be very careful to watch over its effects, as it has sometimes happened that unpleasant consequences have arisen from the application of this drug to the rectum, such as, vomiting, syncope, cold extremities, and irregularity of the circulation. The action of the absorbents of the rectum is, in all probability, in these cases, increased by the inflammatory process which exists in the vicinity; besides which, the action of the rectum itself is temporarily taken off, so that the enema will probably be retained during a considerable length of time. Plasters and liniments, into the composition of which, opium enters largely, will sometimes be found serviceable in allaying pain, and are useful auxiliaries in a disease in which all the resources of the practitioner may be required to diminish the sufferings of the patient.

There are some applications which produce a sedative, or a stimulating effect, according to the strength of which they are used. A very diluted mixture of acetic acid, or of nitric acid in water, will form a soothing application to an irritable part, whilst in different proportions they will become highly irritating. Either of the lotions mentioned beneath may be employed.

℞ Acidi acetici, ℥ss.
Aquæ distillatæ, Oi. M.
fiat injectio.

℞ Acidi nitrici, gutt. x.
Aquæ distillatæ, Oi. M.
fiat injectio.

℞ Liquoris plumbi acetatis, ʒi.
Acidi acetici, ʒii.
Sp. vinosi, ʒi.
Aquæ distillatæ, ℥xvss. M.
fiat injectio.

If the discharge should become so profuse as to induce great debility, injections which possess an astringent power must be sought for.

℞ Decocti corticis granati, Oi.
Sulphatis aluminæ, ℥ss. M.
fiat injectio.

℞ Zinci sulphatis, ʒss.
Aquæ distillatæ, ℥xv.
Tinct. kino, ℥i. M.
fiat injectio.

If the discharge should assume a sanguineous appearance, it should be considered, how far it would be safe to permit its continuance. If the patient should be in great pain at the time, it may be right not to restrain it hastily, unless the patient's strength should have been previously much exhausted; but if it should appear desirable to diminish the hemorrhage, the astringents which have been before recommended may be employed, and their strength may be increased, or the following may be employed in their stead.

℞ Argenti nitratis, gr. x.
Aquæ distillatæ, Oi. M.

℞ Cupri sulphatis, ʒss.
Decocti cinchonæ, Oi. M.

Respecting internal remedies, although no one has as yet discovered any medicine capable of removing the disease, it may not be too much to state, that there is scarcely a medicine of any class, which may not, in some way or other, or at some period or other, be useful in this complaint. Various are the symptoms which may arise; various must be the means of obviating them; and he will be the best practitioner, who best understands the adaptation of these means to their end. To point them out here, would be an endless labour, and a waste of the reader's time.

It may be sufficient to observe, that the patient should be treated upon general principles, bearing in mind, on the one hand, the hitherto intractable nature of the malady, and on the other, the sufferings of humanity, which call loudly for relief.

Pain, the great evil of life, is the symptom by which the patient will be most distressed; and, happily, in the sedative class of medicines there are to be found many capable of relieving it.

It should be a rule of practice, never to exhibit a sedative of great power, when a milder will produce equal relief; because the disease is one of long duration, of increasing suffering, and every medicine will at length fail in producing its effect.

Hyoscyamus and conium may be amongst the first employed, and the dose of each may vary from three to eight, or ten grains; larger doses have been exhibited; but the object is not to know how much of these, or of any other drug can be taken with impunity, but how much is necessary to produce the desired effect. If they are wantonly employed, the patient will be exposed to another set of symptoms, arising from a disturbed state of the stomach, and of the brain, as flatulence, heartburn, eructations, delirium: the necessity for the exhibition of these medicines must regulate, not only their dose, but the frequency of their exhibition.

Extractum stramonii, is another serviceable remedy, in allaying pain, and it may be given in doses of a grain.

The writer is not in the habit of exhibiting Belladonna, having once seen a patient nearly destroyed by two small doses of it. Other practitioners, however, have employed it, it is said, with advantage. Mr. Brodie has informed the writer, that he has seen the happiest effects produced by a suppository containing extracti Belladonnæ gr. j. in cases of irritable bladder, and also of carcinoma of the rectum. Perhaps, therefore, in those instances, in which the administration of other sedatives is unavailing, it may be advisable to administer the above medicine in the form alluded to.

As the symptoms become more pressing, and as the sufferings of the patient increase, still there will remain to the practi-

tioner one resource, and to the patient one solace, in opium, by means of which, her distresses may be alleviated, and her passage from this world to another, rendered less agonizing. It will not be sufficient simply to prescribe a dose of opium, at stated intervals; that dose must be proportioned to the necessity for its use; and the skilful combination of it with other medicines, and the selection of its different preparations will call forth the happiest efforts of the practitioner: in one case opium, in a solid form, will be found to agree; in another, the tinctura opii, of the Pharmacopœia will better answer the purpose; in a third, the preparation known by the name of black drop; in a fourth, the liquor opii sedativus, of Mr. Battley, will quiet the patient, and at the same time produce the least disturbance in the system; whilst the irritable state into which some patients fall, will be most successfully diminished by the very small quantity of opium which enters into the composition of the tinctura camphoræ composita.

In the greater number of painful diseases which call for the use of opium, less care is required; but the sympathy of the stomach is so actively called forth, when the uterus is the seat of this disease, that it will be capriciously inclined towards one medicine, whilst it receives another with great comfort and advantage. If, as always happens towards the close of ulcerated carcinoma of the uterus, vomiting should come on, the combination of spices, with opium, will render this medicine more agreeable to the stomach. The julepum menthæ, cinnamon-water, and, in some cases, weak brandy and water, will form the best vehicles for the different preparations of opium; sometimes a mixture of confectio opiata and spiritus ætheris sulphurici compositus, given in peppermint-water, in small doses, at short intervals, will relieve, in an expeditious and certain manner, the vomiting, singultus, and eructations, more effectually than any other combinations of medicines.

The writer forbears to enter into speculative discussions, respecting the employment of several medicines, which have been suggested for the cure of carcinoma; and he does so, because the profession have not yet had sufficient experience of the effect of such medicines; or, because he himself has not known them used with benefit.

In thus concluding his work, the writer can conscientiously assert, that he has made no statements which, in his opinion, are not founded in fact, and that he has withheld nothing which might in any way tend to the advantage of the practitioner, or to the comfort of the patient.

THE END.

PLATE I.

Eng'd by J. Drayton.

EXPLANATION OF THE PLATES.

PLATE I.

This plate shows a portion of hydatids of the uterus. The quantity voided by the patient would have filled a gallon measure. The preparation is suspended in the spirit by a portion of organized coagulating lymph, from which the hydatids spring, being connected with it by means of small filaments of the same substance. The cysts vary in size; some of them contain a fluid, whilst others have collapsed in consequence of its escape.

PLATE II.

In this plate are two figures of the cauliflower-excrescence of the uterus.

Fig. 1. Conveys an exceedingly good idea of the disease, as met with in the living body, the surface being studded with a number of little granules heaped upon each other, forming masses of an irregular shape. The lines drawn from letters A. and B. terminate in different parts of the mass. The letter A. in a portion which has a granulated appearance; the letter B. in a small flocculent portion, which, having lost the blood originally contained in it, forms a fine light substance, which floats in the spirit.

Fig. 2. Shows the uterus of a patient who died of the cauliflower-excrescence. The preparation is suspended by the fallopian tubes.

A. Points to the loose flocculent substance always found after death in patients who have laboured under the disease. During life the flocculent substances, being vascular, is filled with blood, and a solid mass is thereby formed; but these small vessels emptying themselves, nothing remains but their coats, which are seen lightly floating in the spirit in which the preparation is placed.

B. Shows a part of the os uteri which remains perfectly healthy. Perhaps this part may be about two-fifths of its whole circumference.

C. C. The ovaria.

D. An incision made through the parietes of the uterus, which are somewhat thickened.

FIG. I.

FIG. II.

J. Drayton Sc.

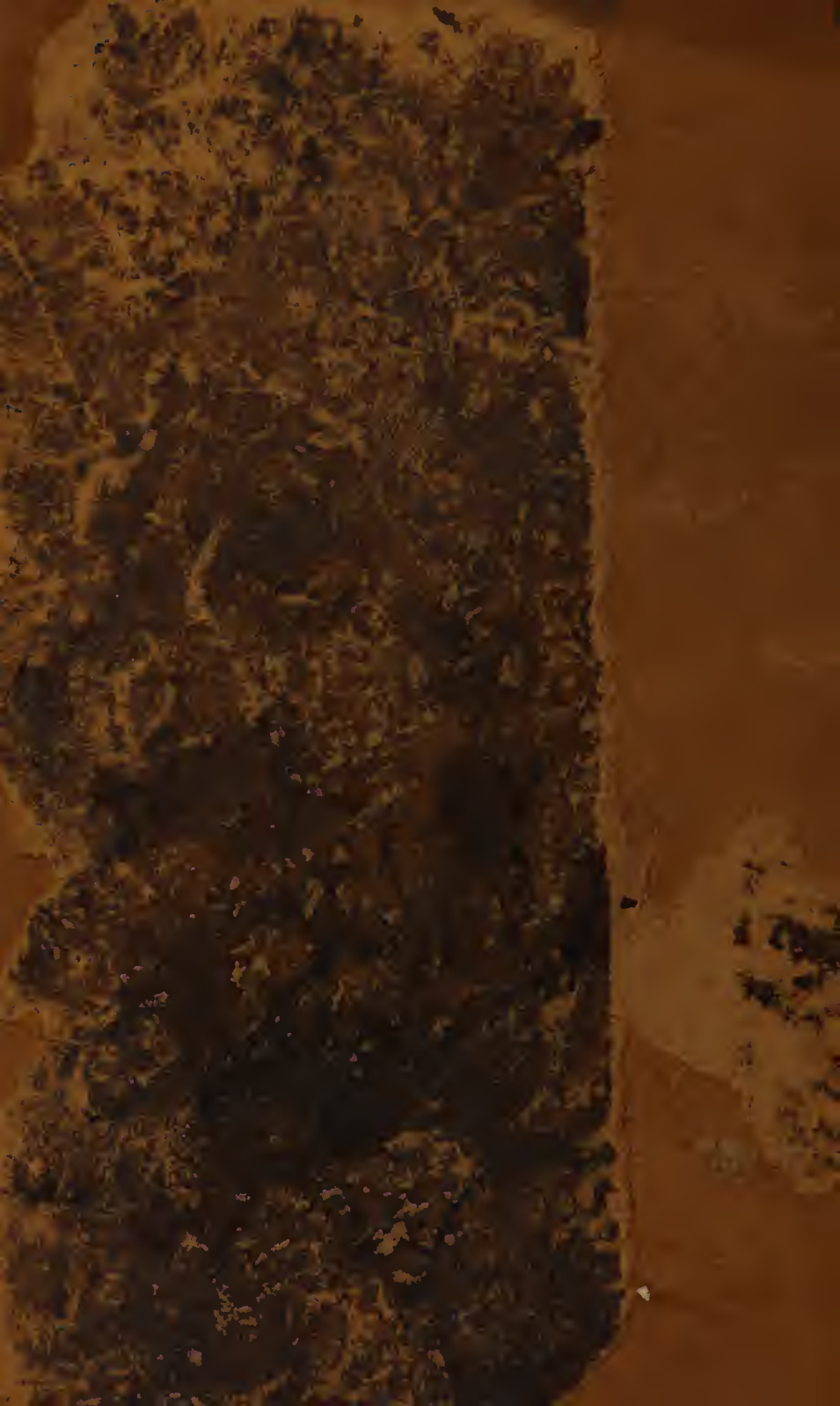
PLATE IV.

Ulcerated carcinoma of the uterus.

This plate, when contrasted with the former, shows the uterus altogether much thickened, the cervix of the uterus especially.

Two lines meet at A.; these diverging, lead to the upper and lower, or rather to the anterior and posterior parts of the cervix uteri. All traces of the os uteri are destroyed.

The points particularly deserving of notice in these plates are, ulceration without thickening in the corroding ulcer, and ulceration with great thickening in carcinoma.

B. The fallopian tube.

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